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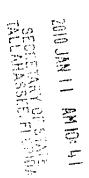
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COVER LETTER

TO: Registration Section Division of Corporations
*SUBJECT: B+L Counmercial Janitorial Maintervance, LL Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bet Shields Name of Person
Bot Commercial Taxitorial Main, LLC Firm/Company
10815 EL TODDR. Address
Riverview H 33569 City/State and Zip Code
City/State and Zip Code BAL Jan Torial & Yahoo Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Belt Shields at (813) 741-1751 To Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

391 (mmlral) (Name of the Limited Liability (A Florida	On tor of Mark y Company as it now appears of Limited Liability Company)	HINONCO, LLC	
The Articles of Organization for this Limited Liability C Florida document number LOSDOOII 689		2/26/2008 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
		AUS II	
Enter new mailing address, if applicable:		() and	
(Mailing address MAY BE A POST OFFICE BOX)		in a man	
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the name of the new	
N. CN. B. C. LA			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-		, Florida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent