

#L09000005675

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FILED
12 MAR 26 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 28 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MHS TITLE LLC
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:

MOHAMMAD H SALEHIAN

Name of Person

MOHAMMAD H SALEHIAN P.A

Firm/Company

5271 IMAGES CIR # 308

Address

KISSIMMEE / FL/ 34746

City/State and Zip Code

MOESALEHIAN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMMAD H SALEHIAN

Name of Person

at (407)

733-2411

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MHS TITLE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/20/2009 and assigned
Florida document number ~~320272041~~ #L09000005675

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALL AMERICAN CARPET CARE ENTERPRISE LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

121 S ORANGE AVE

SUITE 1500

ORLANDO, FL 32801-3241

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5271 IMAGES CIR 308

KISSIMMEE, FL, 34746

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

KIM BUUREN

New Registered Office Address:

8301 ELM PARK DR

Enter Florida street address

ORLANDO

Florida

32809

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

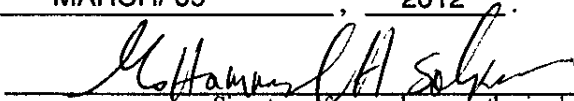
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOHAMMAD H SALEHIAN	5271 IMAGES CIR #308 KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	AMIR SALEHIAN	5271 IMAGES CIR #308 KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MOHAMMAD H SALEHIAN		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated MARCH/ 09, 2012



Signature of a member or authorized representative of a member

MOHAMMAD H SALEHIAN

Typed or printed name of signee