L09000009098

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SECRETARY OF STATE
TALLAHASSEE. FLORIDI

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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations 1-2-3 Foreclosure Cleanup, LLC SUBJECT: 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: Robert Douglas Name of Person 1-2-3 Foreclosure Cleanup, LLC Firm/Company 6331 Autumn Chase Ln. Address Orlando, FL 32818 City/State and Zip Code rdouglas@123forecleanup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (321) 300-00- Area Code & Daytime Telephone Number Robert Douglas Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee \$55.00 Filing Fee & \$60.00 Filing Fee, \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section

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



September 29, 2009

ROBERT DOUGLAS 6331 AUTUMN CHASE LANE ORLANDO, FL 32818

SUBJECT: 1-2-3 FORECLOSURE CLEANUP, LLC.

Ref. Number: L09000009098

We have received your document for 1-2-3 FORECLOSURE CLEANUP, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 009A00031625

Neysa Culligan Regulatory Specialist II

Division of Compositions D.O. P.O.V. 6997 Tollahosson Florida 20914

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION.

1-2-3 Foreclosure cleanup

ed Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

Zip Code

01/28/2009 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L09000009098 Florida document number __ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) P.O. Box 526 Clarcona, FL 32710 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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 Type of Action **Title Address** Name 1 MGRM Albert A. Laurino P.O. Box 526 Clarcona, FL 32710 ☐ Add ✓ Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 23 2009 Dated Signature of a member or authorized representative of a member **Robert Douglas** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00