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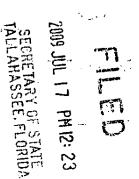
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T. CLINE

JUL 20 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Se Division of Con					
SUBJE	СТ:(		aintenance Specialists, L ted Liability Company	LC		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
			Kelli Crockett Name of Person	<del>, , , , , , , , , , , , , , , , , , , </del>		
		and the state of t	Firm/Company	· · · · · · · · · · · · · · · · · · ·		
			362 Evergreen Place		720	
			Address		ASEC 199	~~~~~
			Destin, FL 32541		2009 JUL 17 SECRETAR TALLAHASS	-
			City/State and Zip Code			
		K-mail address: (	ellic78@hotmail.com to be used for future annual report notifica	tion)	PH I	nares
For furt	her information o	concerning this matter, please c	•		PM 12: 23 OF STATE A	
<del></del>		elli Crockett	a. (	87-9258	<del>Law to delay</del>	
	Name o	of Person	Area Code & Daytime 7	elephone Number		
Enclose	d is a check for t	he following amount:				
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	MATI	INC ADDDESS.	CTDFFT/COLIDIF	D ANNDESS.		

**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

(Name of the Limited Liab (A Flori	da Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liabilit Florida document number		4/17/09	and assigned
This amendment is submitted to amend the following	<b>;</b>		
A. If amending name, enter the new name of the	imited liability company here:		
Gulf Coast C	leaning & Maintenance, Ll	LC .	
The new name must be distinguishable and end with the "L.L.C."  Enter new principal offices address, if applicable:	words "Limited Liability Compan	=======================================	LC" or the abbreviation
(Principal office address MUST BE A STREET AD	DRESS)	<u>ਤ</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		) (T	PM 12: 24 RY OF STATE
B. If amending the registered agent and/or re registered agent and/or the new registered office a	~	r records, <u>enter t</u> l	be name of the new
	······································	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Ente	r Florida street addı	ress
		, 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 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

<u>Title</u>	Name	Address	Type of Action
***************************************			Add Remove
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			S CO Add
			SSEE D Tedd FI S DRemove
	<del></del>		Add Remove
D. If amen	ding any other information, ente	r change(s) here: (Attach additional s	sheets, if necessary.)
<del></del>			
Dated	July 8,	2009	
	Signature of a	member or authorized representative of a	ı member
	<del></del>	-	

Page 2 of 2

Filing Fee: \$25.00