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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations Courson's Cleaning Services, 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: Marion Joe Brock Name of Person Courson's Cleaning Services Firm/Company Post Office Box 1486 Address Woodville, Florida 32362 City/State and Zip Code coursonscleaning@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marion Joe Brock 294-8054 Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee **√**\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) Certified Copy in (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Opmpar (A Florida Limited L	y as it now appears iability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	4/30/09	and assign	ed
Florida document numberL0900041466				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Joe & Jill Brock's Maintenan				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company	," the designation "LI	.C" or the abbr	eviation
Enter new principal offices address, if applicable:	le: 3116 Shadeville Road			
(Principal office address MUST BE A STREET ADDRESS)	Crawfordville, Florida 32327			
			.	
Enter new mailing address, if applicable:	Post Office Box	c 1486		
(Mailing address MAY BE A POST OFFICE BOX)	Woodville, Florida 32362			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	e: Ente	r records, <u>enter th</u> r Florida street addr	12 APR 12	he new
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			9 <i>a</i> =	

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 MGRM = Managing Member **Address Type of Action Title** Name MGR Jeremiah Finch 3116 Shadeville Road Crawfordville, Florida 32327 ✓ Add Remove Remove Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 16, Dated ____ Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00