# 60900042-112

(Requestor's Name)
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(Document Number)
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SECRETARY OF STATE
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T. CLINE

APR - 6 2010

EXAMINER

### **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Clean G	et Away Travel, LLC		_
	Name of L	imited Liability Company		· •.
The enclosed Articles of	f Amendment and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	Steven Pribramsky			<del>_</del>
		Name of Person		
	Pribramsky & Zuelch			
	Firm/Company			
937 Fleming Street				
		Address		2010 APR -5 SECRETAR'S TALLAHASS
Key West, FL 33040			ASSET TO	
City/State and Zip Code				
	E-mail addres	ss: (to be used for future annual repo	ort notification)	- FIG. 3
For further information	concerning this matter, plea	se call:		AN D. SO EE, FLORIDA
Stev	ven Pribramsky	at ( 305 )	294-8137	
Name	of Person	Area Code &	Daytime Telephone Numb	per

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

**7**\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

# المرا

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document numberL09000042112  This amendment is submitted to amend the following:	re filed on and assigned
A. If amending name, enter the new name of the limited liability	company here:
Clean Getaway Tra	<del></del>
The new name must be distinguishable and end with the words "Limited "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Liability Company," the designation "LLC" or the abbreviation
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	SSEE FLORIDA
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
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

Zip Code

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 = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>		Add
			Add Remove
<del></del>			Add Remove
			TO REMOVE
			SS DAdo
			PTAdd Remove
D. If amend	ding any other information, enter chan	age(s) here: (Attach additional sheets, if necess	ary.)
_			
Dated		·	
		er or authorized representative of a member	
	Steven Pr	ibramsky, registered agent	

Page 2 of 2

Filing Fee: \$25.00