109000050331

(Re	equestor's Name)	
(Ad	ldress)	•
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	Isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300156665943

09 JUN -5 PM 1: 42

09 JUN -5 PM 1: 42

09 JUN -5 PM 1: 42

FILED

09 JUN -5 PH 3: 35

SECRETARY OF STATE
FALL AHASSEE, FLORID.

B. KOHR

JUN - 5 2009

EXAMINER



ACCOUNT NO. : I20000000195

REFERENCE :

7707878

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: June 2, 2009

ORDER TIME : 1:24 PM

ORDER NO. : 024465-005

CUSTOMER NO: 7707878

DOMESTIC AMENDMENT FILING

NAME: THOMPSON'S CLEAN SLATE, LLC

EFFECTIVE DATE:

XXX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THOMPSON'S		ATE, LLC	Street S
(Name of the Limited Liability (Company as it now appointed Liability Company	ears on our records.)	- Krist of
The Articles of Organization for this Limited Liability Co. Florida document rumber L0900050331	mpany were filed on _()5/22/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending nome, enter the new name of the limite	d liability company h	ere:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Linbility Com	pany," the designation "L	LC" or the abbreviation
Enter new princij al offices address, if applicable:		·	
(Principal office a Idress MUST BE A STREET ADDRE	<u>SS)</u>	······································	
	·		
Enter new mailin ; address, if applicable:	·		
(Malling address , 1AY BE A POST OFFICE BOX)	·		
	·	<u></u>	<u></u>
B. If amending the registered agent and/or register registered agent; nd/or the new registered office addres		our records, enter th	e name of the new
Name of New Registered Agent:	·		
New Rej istered Office Address:	()	Enter Florida street addi	ress)
	·	. Florida	
	(City)		(Zip Code)

Now Registered A zent'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 be in notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

40/50 30H

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 = Managi ig Member <u>Title</u> Address Type of Action Na ne MAPLES, FL 3411 Thompson, Amelia L MGRM □ Add Remove | Add 🗂 Remove r Add Remove ☐ Add 🗖 Remove □ Add ☐ Remove Add Remove D. If amending a 1y other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00