

LD9000054054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

09 AUG 24 AM 11:53

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N. Collins AUG 25 2009

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Community Clean, LLC  
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:

Wyatt Green  
Name of Person

NONE  
Firm/Company

10135 GATE PARKWAY N #1315 JACKSONVILLE, FL 32246  
Address

Jacksonville FL 32246  
City/State and Zip Code

wyattgreen@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wyatt Green at (904) 233-1249  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

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09 AUG 24 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Community Clean, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/04/09 and assigned  
Florida document number LO9 0000 54054.

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)

13240 Morning Sun Dr  
Jacksonville, FL 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13240 Morning Sun Dr  
Jacksonville, FL 32225

**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:

Pamela Dent

New Registered Office Address:

13240 Morning Sun Dr  
*Enter Florida street address*

Jacksonville, Florida 32225  
*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 Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGRM	Stacy L. Dawson	10135 Gate Parkway N #1315 JACKSONVILLE, FL 32246	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Wyatt P. Green	10135 Gate Parkway N #1315 JACKSONVILLE, FL 32246	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Pamela Dent	13240 Morning Sun Dr JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jesse Dent	13240 Morning Sun Dr JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

Dated August 24, 2009

Stacy Dawson  
 Signature of a member or authorized representative of a member

Stacy Dawson  
 Typed or printed name of signee

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 TALLAHASSEE FLORIDA

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