## L09000065295

(Requestor's Name)					
. ~					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special instructions to Filing Officer:					

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EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2010

ROSEMARIE MACDONALD 348 WATERFORD CR. W. TARPON SPRINGS, FL 34688

SUBJECT: ENVIRONMENTAL CONTROLS FOR YOU LLC

Ref. Number: L09000065295

We have received your document for ENVIRONMENTAL CONTROLS FOR YOU LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

The second page of the document was missing from your document.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 710A00024655

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	Environmental	Controls For You LLC	
· <del></del>	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	F	Rosemarie MacDonald	
		Name of Person	
	Environr	nental Controls For You LL	c ·
		Firm/Company	
	;	348 Waterford Cr. W.	
	<del></del>	Address	······································
	Tas	rpon Springs, FL 34688	
		City/State and Zip Code	-
	rma	cdonald28@yahoo.com	
	E-mail address: (	to be used for future annual report notif	icartion)
For further information	concerning this matter, please of	call:	
Rose	marie MacDonald	at ( 727 )	9:35-5485
Name	e of Person	Area Code & Daytim	e Trelephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		STREET/COURI Registration Section Division of Corpor	n
P.O.	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Ce	

Tallahassee, FL 323011

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Environmental Cor	ntrols For You LiLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor- Liability Company)	<u>ds.</u> )		
The Articles of Organization for this Limited Liability Company Florida document numberL0900065295	99 and assigned			
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and end with the words "Lim."L.L.C."	ited Liability Company," the designate	ation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	348 Waterford Cr. W.			
(Principal office address MUST BE A STREET ADDRESS)	Tarpon Springs,,FL 34688			
Enter new mailing address, if applicable:	348 Waterford Cr. W.			
(Mailing address MAY BE A POST OFFICE BOX)	Tarpon Springs,, FL 3468	8 📆 Ci		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		enter the name of the new		
New Registered Office Address:	B			
	Enter . Florida street address			
<del></del>	, Flor	ida Zip Code		
Now Desistand Agently Simulation if showing Desistand Agents		Δη σους		

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 titlee, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM =	MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action				
			Add Remove				
			— _□ Add				
			Remove				
			Add Remove				
			□ Add				
		**************************************					
		See See	Add Remove				
<u>ci</u>		ge(s) here: (Attach additional shieets, if necessary.) ress: 348 Waterford Cr. W.,, Tarpon Springs	<u>5,</u>				
<u>-</u> -	1 0 - 0 0 0		<del>_</del>				
			_				
Dated	November 18 , 20	mall 1					
		r or authorized representative of a rmember	<del></del>				
		emarie MacDonald or printed name of signee	<u> </u>				

Page 2 of 2

Filing Fee: \$25.00