

L09000072689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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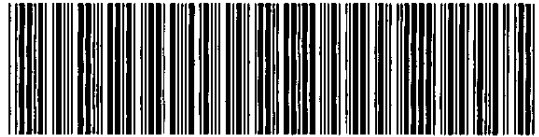
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
AUG 13 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXCEL CARPET CLEANING AND GENERAL CONTRACTOR
Name of Limited Liability Company CLEANING SERVICES LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bayard Pierre Louis
Name of Person
EXCEL CARPET CLEANING AND GENERAL CONTRACTOR CLEANING SERVICES LLC
Firm/Company
2518 TAFT Street
Address
Hollywood FL 33020
City/State and Zip Code
BAYTAL@Juno.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bayard Pierre Louis at 305.343-0027
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**

PROFESSIONAL CARPET CLEANING AND GENERAL
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) CONTRACTOR CLEANING SERVICES LLC

The Articles of Organization for this Limited Liability Company were filed on _____

Florida document number CL09000072689

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EXCEL CARPET CLEANING AND GENERAL CONTRACTOR CLEANING
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C." SERVICES LLC

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

BAYARD Pierre Louis

New Registered Office Address:

19121 NW 6 AVE

Enter Florida street address

MIAMI

City

Florida 33169

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.

Same

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
MGR	BRIAN LOUIS	19121 NW 6AVE MIAMI FL 33169	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CHE/SEA Pierre Louis	15200 NE 12 AVE NORTH MIAMI BEACH FL 33161	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CHARLAINE Pierre Louis	19121 NW 6AVE MIAMI FL 33169	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Dated

8/6/09

Bayard Pierre Louis

Signature of a member or authorized representative of a member

Typed or printed name of signee