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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED FEB 17 2015

February 5, 2015

COVER LETTER

From: Foreclosure Clean & Repair LLC

8147 Pinoso St.

Navarre, FL 32566

Albertyn Vermaas

Candy Singleterry

Phone: 850-449-2933

Email: cleanrepair@aol.com

To: Florida Dept. of State

Re: Amendment to Articles of Organization

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Foreclosure Clean & Repair 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:

Albertyn Vermaas

Name of Person

Foreclosure Clean & Repair LLC

Firm/Company

8147 Pinoso St.

Address

Navarre, FL 32566

City/State and Zip Code

cleanrepair@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albertyn Vermaas

850 449-2933
at ()

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**

Foreclosure Clean & Repair 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 November 02, 2009 and assigned Florida document number L09000105582.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Albertyn Vermaas

New Registered Office Address: 8147 Pinosa St.

Enter Florida street address

Navarre, Florida 32566
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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Albertyn Vermaas	8147 Pinoso St.	<input type="checkbox"/> Add
		Navarre, FL 32566	<input type="checkbox"/> Remove
AMBR	Candy Singleterry	8147 Pinoso St.	<input type="checkbox"/> Add
		Navarre, FL 32566	<input type="checkbox"/> Remove
AMBR	Thomas Lawrence	8126 Raleigh St.	<input checked="" type="checkbox"/> Add
		Navarre, FL 32566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

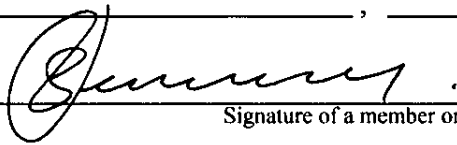
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STATE
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: 02/09/2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02/05/2015



Signature of a member or authorized representative of a member

Albertyn Vermaas

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA