

L09000107722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

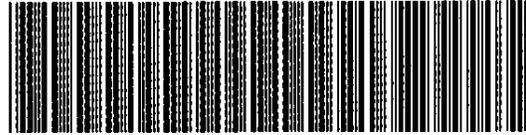
(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2011 MAY 31 PM 4:18

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cleanpro Enviro Solutions, 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:

Robert J. Hyres
Name of Person

Waste Pro of Florida, Inc.
Firm/Company

2101 W SR 434, Ste 301,
Address

Longwood, FL 32779
City/State and Zip Code

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

For further information concerning this matter, please call:

Matenie Velez at (407) 937 21027
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**

Cleanpro Enviro Solutions, 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 11-09-09

Florida document number L09000107722

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2011 NOV 31 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

and assigned

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)

2101 W SR 434, Ste. 301
Longwood, FL 32779
c/o Waste Pro

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: Robert J. Hyres

New Registered Office Address: 2101 W SR 434, Ste. 301

Enter Florida street address

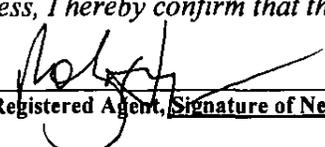
Longwood, Florida 32779

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:

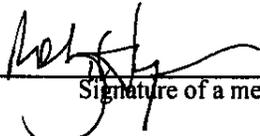
MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------------|--|--|
| MGR | Waste Pro of Florida, Inc. | 2101 W SR 434 Suite 301 Longwood, FL 32779 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Waste Pro of Florida, Inc. | 2101 W SR 434 Suite 301 Longwood, FL 32779 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | Ramon N. Mirares | 3355 NW 41st Street Miami, FL 33242 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
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 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

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

Dated _____, _____



Signature of a member or authorized representative of a member

Typed or printed name of signee