

L10000004806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

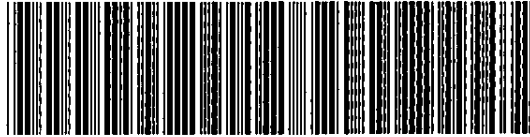
(Business Entity Name)

(Document Number)

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04/02/10--01030--006 \*\*55.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2010 DEC 10 PM 3:43

FILED

C. LEWIS

Dec 13, 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2010

CHRISTOPHER M. JINES  
BIO CLEAN PROPERTY PRESERVATION LLC  
1877 CORAL STREET  
NAVARRE, FL 32566

SUBJECT: BIO-CLEAN PROPERTY PRESERVATION LLC  
Ref. Number: L10000004806

We have received your document for BIO-CLEAN PROPERTY PRESERVATION LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 510A00008274

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bio-Clean Property Preservation 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:

Christopher M Jines

Name of Person

Bio-Clean Property Preservation LLC

Firm/Company

1877 coral street

Address

Navarre, fl. 32566

City/State and Zip Code

cjines32@aol.com

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

For further information concerning this matter, please call:

Chris Jines

Name of Person

at ( 850 )

855-9049

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**

**FILED**

2010 DEC 10 PM 3:40

**Bio-Clean Property Preservation LLC**

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

FILED JAN 10 2011  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1-13-10 and assigned  
Florida document number L100000004806

This amendment is submitted to amend the following:

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

Clean Property Preservation LLC.

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:**

\_\_\_\_\_

**New Registered Office Address:**

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

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:

MG M = Manager

MG MM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. 1 amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

*Chris Jines*

Signature of a member or authorized representative of a member

*Chris M. Jines*

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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