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14 LL MIASSEE, FLORIDA

S. HAWKES
FEB 2 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Ace of Scrubs Cleaning Services LLC						
Name of Limited Liability Company						
The end	losed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
	Luz M. Rivera					
Name of Person						
	Ace of Scrubs Cleaning Services LLC					
	12924 Maine Woods Ct					
Address						
Orlando, Florida 32824						
City/State and Zip Code						
	luzmriv@yahoo.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:						
	Luz M. Rivera at (407) 346-2301					
Luz M. Rivera at (407) 346-2301 Name of Person Area Code & Daytime Telephone Number						
Enclose	d is a check for the following amount:					
\$25.	00 Filing Fee \$\ \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status}\$\ \text{Certified Copy (additional copy is enclosed)}\$\ \text{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

Ace of S	Scrubs Cleaning Servic	es LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now app Florida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Li	ability Company were filed on _	January 22, 2010	_ and assigned	
Florida document numberNew	L1000000 8332	TACO L	and assigned FILED FILED STA	
This amendment is submitted to amend the following	owing:	SS		
A. If amending name, enter the new name of	the limited liability company h	ere:	F SI	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Con	pany," the designation "LE	or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	TADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE.	BOX)			
B. If amending the registered agent and/or the new registered of		our records, enter the	name of the nev	
Name of New Registered Agent:			 	
New Registered Office Address:		Enter Florida street addre	cc	
	Enter rioriaa sireet aaaress			
	City	, Florida	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 Type of Action **Title** Name **Address MGRM** Maria L. Rivera 1143 Madeira Key Way Orlando, Florida ✓ Add Remove 32824 ☐ Add ___ **E**move ∃∏ Add ☐ Remove ☐ Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 23 2010 Dated Signature of a member or authorized representative of a member Rivera Luz M. Rivera

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00