Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100000583673)))



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			erate another cover sheet.	ماريدا ا
To:				ÄHÄ
	Division of Co.	ro	orations	SSE
	Fax Number	•	(850)617-6383	Ω.
From:				<u>m</u> ;
	Account Name	:	THE LAW OFFICES OF NICK SPRADI	INCP
	Account Number	:	120070000020	22
	Phone	:	(813)435-3176	9
	Fax Number	:	(813)333-6358	1

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	ł		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOP TO BOTTOM RESIDENTIAL & COMMERICAL CLEANING SERV

RECEIVED

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SECRETARY OF STATE
ALLAHASSEE, FLORIGE

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A. LUNT

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EXAMINT

Electronic Filing Menu

Corporate Filing Menu

Help

H100000 683673

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

TOP TO BOTTOM RESIDENTIAL & COMMERICAL CLEANING SERVICES, 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	03/10/20	10·	and a	ssigned
Florida document number L10000026941					
This amendment is submitted to amend the following:	٠.				
A. If amending name, enter the new name of the limited liabi	lity company her	<u>·e</u> :	•		
TOP TO BOTTOM RESIDENTIAL & COMM	MERCIAL CLE	ANING SER	VICES	, LLC	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	iny," the designs	tion#LL	C. A. P	abbreviatio
Enter new principal offices address, if applicable:		·	至高	¥ - 2	77]
(Principal office address MUST BE A STREET ADDRESS)			AS		
•		•		_ 	
	•		77 (17	1	h
Enter new mailing address, if applicable:			DR R	9	
(Mailing address MAY BE A POST OFFICE BOX)	•		DΕ	7	
B. If ameading the registered agent and/or registered office address here	ice address on o	ur records, <u>e</u>	oter the	name	of the nev
Name of New Registered Agent:		·			 _
New Registered Office Address:				·	
	Ent	Inter Florida street address Florida			
		Floria	la .		

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

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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 = MGRM :	Manager = Managing Member		
Title	· <u>Name</u>	Address	Type of Action
			
			Remove
			Add
			Remove
	·		Add
	•.		Remove
			Add Remove
	•		TAS 20
•			Add
			Remove
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D. If ame	ending any other information, enter chang	ge(s) here: (Attach additional sheets,	if necessary.)
-			
_			
-			•
.	2/15 70		
Dated	3/15 . 20	10	
	Signature of a member	r or authorized representative of a memb	per
	NICKOLAS J. SPRADL	IN AUTHORIZED REPRESEN	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00