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2011 JUN 10 AM 9: 0

J. SAULSBERRY EXAMINER

JUN 13 2011

COVER LETTER

SUBJECT: The Thomas Taxh Yar Cleaning Solution 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:		
The same of the sa		
Marcus Thomas Name of Person	-	
Firm/Company	-	
5276 & CA Address	-	
Orlando, FL 32811 City/State and Zip Code	20 TAL	
mthomas @ act what saved. com E-mail address: (to be used for future annual report notification)	II JUN IO EGRETARY LAHASSEE	1
For further information concerning this matter, please call:	BASE ABA	- me
Marcus Thomas at (407) 227-1451	AM 9: 00	71
Name of Person Area Code & Daytime Telephone Number	1: 00 RIDA	• ~
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	nte of Status &	

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 ARTICLES OF ORGANIZATION **OF**

The Thomas Towns (Name of the Limited Liability (A Florida)		ow appears on o	Solution records.)	<u>م لد</u> (<u>C</u>	
The Articles of Organization for this Limited Liability C	·	٠, ،	19/ 2010	and	assigne	d
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	ited liability com	pany here:				
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liabil	ity Company," th	e designation "I	.LC" or tl	he abbre	viation
Enter new principal offices address, if applicable:				7VI 3S:	201	
(Principal office address MUST BE A STREET ADDI	RESS)			P C C P	٥	1
				TARY OF	N O AM	
Enter new mailing address, if applicable:			, 		9:	State of
(Mailing address MAY BE A POST OFFICE BOX)				ORIO A	00	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		ress on our re	cords, <u>enter t</u>	he name	e of the	<u>e new</u>
Name of New Registered Agent:			··			
New Registered Office Address:		Enter Flo	rida street add	lress		_
			, Florida			
	City		, 1 N/1 N/4	Zip Co	ode	
New Registered Agent's Signature, if changing Registered	d Agent:					
I houghly account the appointment as registered agent	and across to eat	in this connects	. I hamban aa	man to on	mambii	مادن

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>		Address	Type of Ac	<u>tion</u>
MGI	2 Shaqui	m Thomas	5776 Brook Cart Orlando, FL 32811	☐ Add Remove	
				Add Remove	
	<u> </u>			Add Remove	
	. . .			Add Remove	
 	.			A FIREMAN	direction of the second
				10 Add ARY DANK 9:	
D. If an	nending any other in	formation, enter change(s) here: (Attach additional sheets, if necessar	== 0	
Dated	June 8	Signature of a member or	r authorized representative of a member		
	- hills limbs - man - mil n	Marcia The	printed name of signee		

Page 2 of 2

Filing Fee: \$25.00