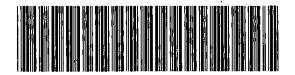
LI0000037883

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(Address)					
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(City/State/Zip/Phone #)					
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JAP OCT 31 PM 1: OC

C. LEWIS NOV -1 2012 EXAMINER

COVER LETTER

	Registration Section		19	
** *	« ^{va} Wil	l & Sons Pressu	re Cleaning Service, l	LC
SUBJEC	TT:	Name of Limi	ited Liability Company	
The enclo	osed Articles of Ame	endment and fee(s) are sub	omitted for filing.	
Please ret	turn all corresponder	nce concerning this matter	to the following:	
			Willie Cross Jr.	
			Name of Person	
	_		Firm/Company	
		5	521 Cleveland Street	
			Address	
	_	Н	ollywood, FL. 33021	
		C	City/State and Zip Code asonl@bellsouth.net	
	_		to be used for future annual report notif	fication)
For furth	er information conce	erning this matter, please of	call:	
	Willie C Name of Per	cross Jr.	at (<u>954</u>) Area Code & Daytin	691-7187 ne Telephone Number
Enclosed	is a check for the fo	llowing amount:		
\$25.0	0 Filing Fee	2\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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 SECRETARY OF STATE DIVISION OF CORPORATION'

2012 OCT 31 PM 1: 00

Will & Sons Pressure Cleaning Service, LLC

(Name of the Limited Lia	ability Company as it now appear orida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liabi L1000003788 Florida document number	, , ,	April 1 2010	_ and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the Will & Sons Pressure Cl	e <u>limited liability company her</u> eaning, Landscaping & La			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compa	ny," the designation "LLo	C" or the abbreviation	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
_		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	per and complete performance red agent as provided for in C ristered office address, I hereby	of my duties, and I am hapter 608, F.S. Or, if	familiar with and this document is	

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 Action **MGRM** Denise Sala 1895 Venice Park Unit B-10 North Miami Florida 33181 Remove □□dd .□□emove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ October 23 Signature of a member or authorized representative of a member Wille & Cross &c.
TypWilleride Lines of Fignee

Page 2 of 2

Filing Fee: \$25.00