## 410000040939

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DIVISION SECURITIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporation		<b>7</b>	and the second s					
SUBJECT: Gator D	Dorm Residenti Name of Limite	al Jani Lorial Ed Liability Company	Cleaning UC					
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all corresponde	ence concerning this matter t	o the following:						
		Name of Person						
	CARRIER SERVICES OF FLORIDA							
		Firm/Company	<del></del>					
	1357 EA	ST LAFAYETTE STREE	Т					
	Address							
	TAL	LAHASSEE, FL 32301						
		City/State and Zip Code						
		DELL@RABONINSURA						
		·	neation)					
For further information con-	cerning this matter, please ca	ll:						
STEPHE	EN MANDELL	at ( 850 )	942-7323					
Name of Po	erson	Area Code & Daytir	ne 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 enclose	\$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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2012

CARRIER SERVICES OF FLORIDA 1357 E LAFAYETTE ST TALLAHASSEE, FL 32301

SUBJECT: GATOR DORM MOM RESIDENTIAL/JANITORIAL CLEANING LLC

Ref. Number: L10000040939

We have received your document for GATOR DORM MOM RESIDENTIAL/JANITORIAL CLEANING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the 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) 245-6051.

Letter Number: 112A00013060

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

2 MAY -1 PH 3: 39

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Liabili	ty Company were filed on	04/16/2010	_ and assign	ed	
Florida document number L10000040939	<u>)                                    </u>		12 P	38	
This amendment is submitted to amend the following	g:		MAY - 1	CRETARY FILE	
A. If amending name, enter the new name of the	limited liability company here	:	<b>3</b> 3	음무다 음무다	
Gator Dorm Mom Painting, Carp			و بو		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation "LLC	C" or thæabbr	viation	
•					
Enter new principal offices address, if applicable	- · · · · · · · · · · · · · · · · · · ·				
(Principal office address MUST BE A STREET A)	DDRESS)		<del></del>		
	<del></del>				
•					
Enter new mailing address, if applicable:	<del></del> .				
(Mailing address MAY BE A POST OFFICE BOX	<u></u>				
B. If amending the registered agent and/or registered agent and/or the new registered office		er records, enter the	name of t	he nev	
Name of New Registered Agent:					
New Registered Office Address:					
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:

MGR = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
**************************************			Add Remove
		11	Add Remove
D. If amen	ding any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	SE
_ _			FILED SCRETARY OF STON OF CORPUR MAY - 1 AM S
Dated	4/30/2012 , Signature of a	member of authorized representative of a member	OF STATE RPURATIONS  AM 9: 50
		MANGER	
		Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00