

L10000041850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

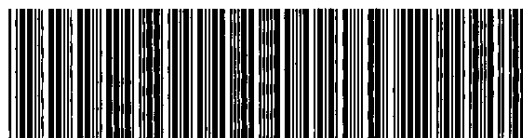
(Document Number)

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OCT 25 2010
EXAMINER

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10/01/10--01036--002 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 22 PM 3:38

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WHITE GLOVE TEAM
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:

ALFONSO GOMEZ
Name of Person

ALFONSO GOMEZ
Firm/Company

3816 BENERAID STREET
Address

LAND O LAKES, FL, 34638
City/State and Zip Code

YULLGOMEZ@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALFONSO GOMEZ at (813) 787-7454
Name of Person Area Code & Daytime 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 enclosed) ☐ \$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

October 5, 2010

ALFONSO GOMEZ
3816 BENERAID STREET
LAND O LAKES, FL 34638

SUBJECT: WHITE GLOVE TEAM LLC
Ref. Number: L10000041850

We have received your document for WHITE GLOVE TEAM 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):

Page 2 of the amendment must be completed and signed by a manager/managing member of the LLC.

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return 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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 110A00023552

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WHITE GLOVE TEAM L.L.C.

(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 04/19/2010 and assigned
Florida document number L10000041850.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AMERICLEAN OF TAMPA BAY L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3130 SILVERMILL LOOP

(Principal office address MUST BE A STREET ADDRESS)

LAND O LAKES, FL, 34638

Enter new mailing address, if applicable:

PO BOX #1734

(Mailing address MAY BE A POST OFFICE BOX)

LAND O LAKES, FL, 34639

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

3130 SILVERMILL LOOP

Enter Florida street address

LAND O LAKES

Florida

City

34638

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 10/15/, 2010

Signature of a member or authorized representative of a member

ALFONSO GOMEZ

Typed or printed name of signee