

L10000046793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

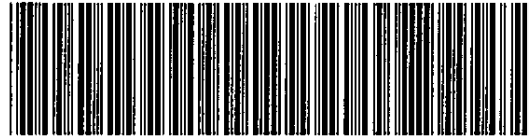
(Business Entity Name)

(Document Number)

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2010 JUN 24 PM 4:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS
JUN 25 2010
EXAMINER

COVER LETTER

**TQ: Registration Section
Division of Corporations**

SUBJECT: S G & L CLEANING SERVICES 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:

CARL S. PITTER

Name of Person

AAA FINANCIAL SERVICES CORPORATION

Firm/Company

7447 NORTH WEST 57TH STRET

Address

TAMARAC, FLORIDA 33319

City/State and Zip Code

SBTAXES@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARL S. PITTER

Name of Person

at (**954**)

726-0010

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

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2010 JUN 24 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S G & L 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 05/03/2010 and assigned
Florida document number L10000046793.

This amendment is submitted to amend the following:

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

NOT APPLICABLE

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

NOT

New Registered Office Address:

APPLICABLE

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

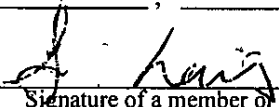
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHANEKA S. LEWIS	5919 NORTH WEST 19th STREET LAUDERHILL, FLORIDA 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	HOPETON LEWIS	5919 NORTH WEST 19th STREET LAUDERHILL, FLORIDA 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SHANIQUE LEWIS		<input type="checkbox"/> Add <input checked="" 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 JUNE 21st, 2010


Signature of a member or authorized representative of a member
SHANEKA SHARNIL LEWIS

Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA