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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 2 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMERICAN EAGLE CARPET & UPHOLSTERY CLEANING  
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:

KENNETH CHEEVER

Name of Person

AMERICAN EAGLE CARPET & UPHOLSTERY CLEANING LLC

Firm/Company

14324 71ST PLACE NORTH

Address

LOXAHATCHEE, FL. 33470

City/State and Zip Code

MOTOMAN34@ATT.NET

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

For further information concerning this matter, please call:

KENNETH CHEEVER

Name of Person

at ( 561 )

791-2767

Area Code & Daytime Telephone Number

SECRET  
TALLAHASSEE, FLORIDA

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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

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

**AMERICAN EAGLE CARPET & UPHOLSTERY CLEANING, 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 05/24/2010 and assigned  
Florida document number L10000055387.

This amendment is submitted to amend the following:

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

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)**

14324 71ST PLACE NORTH

LOXAHATCHEE, FL 33470

11 AUG - 1 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

14324 71ST PLACE NORTH

LOXAHATCHEE, FL 33470

**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:

KENNETH CHEEVER

New Registered Office Address:

14324 71ST PLACE NORTH.

*Enter Florida street address*

LOXAHATCHEE

Florida

33470

*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.*

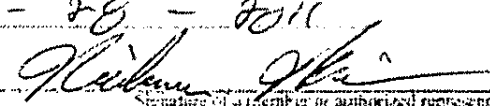
*Kenneth Cheever*  
**If Changing Registered Agent, Signature of New Registered Agent**

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	NICHOLAS HALVIS	154 RIO GRANDE EDGEWATER, FL 32141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	KENNETH CHEEVER	14324 71ST PLACE NORTH LOXAHATCHEE, FL 33470	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated: 07-28-2011  
  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 X Nicholas HALVIS  
 \_\_\_\_\_  
 Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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