L10000071697

Office Use Only



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T. HAMPTON

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EXAMINER

COVER LETTER

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Registration Section
Division of Corporations

TO:

SUBJECT:		SSURE CLEANING, LI	LC	
	of Amendment and fee(s) are sub condence concerning this matter	-		
		Antonio S. Magwood Name of Person		
N/A				
Firm/Company				
	7972 VENETIAN STREET Address			
MIRMAR, FL. 33023 City/State and Zip Code				
	E-mail address: (1	iomagwood@yahoo.com to be used for future annual report notif	lication)	
For further information	concerning this matter, please c	all:		
ANTONIO S. MAGWOOD Name of Person		at (786) 709 - 7357 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAGLE EYE PRESSURE CLEANING, LLC



10 NOV 23 附担: 86

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) July 7, 2010 The Articles of Organization for this Limited Liability Company were filed on and assigned L10000071697 Florida document number _ 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) 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: New Registered Office Address: Enter Florida street address City

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>	Address	Type of Action
MGRM	DANIEL GIBBS	16000 NW 18TH PLACE OPA-LOCKA, FL 33054	Add Remove
MGRM	ETHEL GIBBS	16000 NW 18TH PLACE OPA-LOCKA, FL 33054	Add Remove
MGRM	CHRISTINE M. BRYANT	3842 JASMINE AVENUE MIRAMAR, FL 33023	∧dd Remove
MGRM_	ANTONIO S. MAGWOOD	7972 VENETIAN STREET MIRAMAR, FL 33023	Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
			SECRETARY OF ST DIVISION OF CORPORT
Dated	NOVEMBER 04 , 201	authorized representative of a member	OF STATE OF STATE ORPORATIONS
_	ANTON	NIO S. MAGWOOD r printed name of signee	
	i ypeu oi	i printed name of signed	

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Filing Fee: \$25.00