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J. SAULSBERRY EXAMINER

SEP 1 7 2010

J. SAULSBERRY EXAMINER

COVER LETTER

TO: Registration Services Division of Co.			
SUBJECT:	Tropical C	leaning Pro's, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
		Ronald DeRosa	
	***************************************	Name of Person	
		MSC Volusia	
		Firm/Company	
		839 Stony Point Drive	
	•	Address	
	F	Port Orange, FL 32128	22
		City/State and Zip Code	ZOIO SEP
	E-mail address:	Rderosa60@aol.com (to be used for future annual report notificati	
For further information	concerning this matter, please	,	6
F	Ron DeRosa	at (386) 30	4-4403 97 -
Name	of Person	Area Code & Daytime Te	elephone Number (Ofs)
Enclosed is a check for t	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)
MAII	ING ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tro	opical Clea	ning Pro's, LLC	<u> </u>		_	
(Name of the Limiter	d Liability Com A Florida Limite	pany as it now appeared Liability Company)	rs on our records.)			
The Articles of Organization for this Limited L	iability Compa	any were filed on	July 15, 2010	але	d assig	ned
Florida document numberL1000007	4889					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited i	iability company her	<u>:e</u> :			
		lusia, LLC				
The new name must be distinguishable and end w "L.L.C."	ith the words "L	imited Liability Compa	any," the designation	"LLC" or		breviation
				٠, -	2010	
Enter new principal offices address, if application		N/A			-	
(Principal office address MUST BE A STREE	<u>ET ADDRESS</u>	<u> </u>			<u> </u>	4 5 0 10 10 10 10 10 10 10 10 10 10 10 10 1
				2.1- 1	5	1
					PK	, j j
Enter new mailing address, if applicable:		N/A		<u> </u>		
(Mailing address MAY BE A POST OFFICE	BOX)	,,,,,,		등등.	<u>-</u>	
		<u> </u>			· · ·	
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>ente</u>	r the nar	ne of	the new
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A		***************************************			
		En	ter Florida street d	ıddress		
			, Fiorida			
		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

	Name	Address	Type of Action
<u>.</u>			Add
			Remove
			Add
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Filing Fee: \$25.00