# L10000077270

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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 4 2010

# **COVER LETTER**

Division of Corpo				
SUBJECT: Spot 16	Name of Limi	ted Liability Company	<del> </del>	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Marcian R Right Choi	Name of Person  Cl. Property Preser	rvations, uc	
	P.O. B	DX   8) Address		
	<u>Alachua</u> etarant	City/State and Zip Code	SECRETA MALLAHAS	7010 OCT
For further information cond	`	o be used for future annual report notifica	tion)	- = =
Marcian Bo		at ( <u>352) 745 – 8453</u> Area Code & Daytime T	elephone Number	ယ္ <b>U</b> လ
Enclosed is a check for the t	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 Stat Certified Copy (additional copy i	

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

SPOTUSS WELL	- wash	Cleaners.	LLC			
(Name of the Limited I	iability Compar	ny as it now appears o	n our records.	)		
(A)	riorida Limited L	lability Company)		******		
The Articles of Organization for this Limited Lia	bility Company	were filed on 7	21-20	5 <u>%</u> a	≧ n <del>gr</del> assi;	gned
The Articles of Organization for this Limited Liability Company were filed on 7-21-20157 ampassigned  Florida document number 10000071270.			11			
riorida document number 6,000 112	<u>x_1U_</u> .					4-30-000°
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:				RY OF STA	-1 PH 3: 53	T T
	•			35	C)	
				<u> </u>		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company,	" the designation	n "LLC" c	or the ab	breviation
Enter new principal offices address, if applica	ble:	15703 Alachua	NW 13	8 th T	err	
(Principal office address MUST BE A STREET ADDRESS)		Alachua	FL 3	2615		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	P.O. Box Alachua	181 4,FL T	324	16	
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:	15703	NW 138th	Herr.			
		Enter	Florida street	address		
	Alach	rua	, Florida	<u> 324</u>	215	<u> </u>
		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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = I	anager Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Act	<u>tion</u>
	•		<b>—</b>	
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D. 16		s) here: (Attach additional sheets, if necessary.)	— 75.5 2	
D. II amen	ding any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	SECRETAR	***************************************
_				1
_		, i		
		**************************************	PAR S	
_			3: <b>53</b>	
Dated <u>\$2</u>	ptember 22, 2010	<u>)                                    </u>		
	W. Eve			
	Signature of a member of	authorized representative of a member		
	Marcian Bastia Typed or	printed name of signee		

Page 2 of 2

Filing Fee: \$25.00