

L10000095504

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 13 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIO CLEANUP SOLUTIONS
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:

WILLIAM SHANE WRIGHT
Name of Person
BIO CLEANUP SOLUTIONS
Firm/Company
6900 DANIELS PKWY STE 29-315
Address
FORT MYERS FL 33912
City/State and Zip Code
william@hazmatmen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAMS WRIGHT at (239) 707-3357 or 745-2350
Name of Person 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BIO CLEANUP SOLUTIONS 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 9-13-10 and assigned Florida document number 410000095504.

This amendment is submitted to amend the following:

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

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)

6900 DANIELS PKWY STE 29-315
FORT MYERS FL 33912

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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: SAME AS OLD AGENT

Name of New Registered Agent:

WILLIAM SHANE WRIGHT

New Registered Office Address:

6900 DANIELS PKWY FORT MYERS FL SUITE 29-315

Enter Florida street address

FORT MYERS

City

Florida

33912

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>
	(SAME AS OLD MNGR)		<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
			<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.)

EMAIL: William@hazmatmen.com
~~William@hazmatmen.com~~
 EMAIL: William@hazmatmen.com

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 12 JUN 11 PM 2:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated ~~WILLIAM~~ JUNE 6, 2012


 Signature of a member or authorized representative of a member
 WILLIAM SHANE WRIGHT
 Typed or printed name of signee