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ALLAHASSEE FLORIDA

B. BOSTICK JAN **2 9** 2013

EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations**

Foti Cleaning Services LLC

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:

Raymond Foti			
Name of Person			
Foti Services			
Firm/Company			
1519 Oakleigh Ct			
Address			
Pensacola, FL 32506			
City/State and Zip Code	4		
ray@fotiservices.com	A SE	1 3	
E-mail address: (to be used for future annual report notification)		<u></u>	
For further information concerning this matter, please call:	HAS	3 JAN 28	
Raymond Foti 850, 377-7610			\$ }************************************
Name of Person Area Code & Daytime Telephone Number	SIMIE.	PH 12: 09	
Enclosed is a check for the following amount:	A DE	9	

Enclosed is a check for the follow

\$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**

Foti Cleaning Services LLC		
(A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L11000010563</u> .	pany were filed on 1/26/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Foti Services LLC		
The new name must be distinguishable and end with the words "I" L.L.C."	Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	13 ALL SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AN 28 PH I2: 09
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		D . —
New Registered Office Address:	Enter Florida street a	ddress
	¥742 .3	
	, Florida	Zip Code
New Registered Agent's Signature if changing Degistered Ag	•	•

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 **Title** <u>Name</u> <u>Address</u> Type of Action Remove Add Remove Remove Remove Remove 3 JAN 28 F

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
•	
Dated	January 19. 2013.
	Ku Malto
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED
13 JAN 28 PH 12: 09