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EXAMINER



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B. KOHR FEB,14 2011 **EXAMINER**

COVER LETTER

TO: Registration S Division of Co		÷	;	
SUBJECT:	Ocean Carpet & 1	ile Cleaning Service LL0		
		ited Liability Company	14 658	
The enclosed Articles of	of Amendment and fee(s) are sui	bmitted for filing.	A FEB MID. 3	
Please return all corresp	oondence concerning this matte	to the following:	Ć.	
		Alexander Garcia		
		Name of Person		
	Ocean C	arpet & Tile Cleaning Service	9	
		Firm/Company		
	1	11418 Country Oaks Dr		
•	*******	Address		
•		Tampa, FL 33618		
		City/State and Zip Code		
		areli123@yahoo.com to be used for future annual report notifica	ation)	
For further information	concerning this matter, please of	call:		
Eliz	abeth A. Posse	at (813) 4	33-6143	
Name of Person		Area Code & Daytime	Felephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
RA A TI	INC ADDRESS	STDEET/COUDIE	D ADDRESS.	

MAILING 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

Ocean Carpet & Tile Cleaning Service LLC



(Name of the Limited Lia (A Flo	bility Company as it now appeared Limited Liability Company)	rs on our records,)	—— ల ్ల
The Articles of Organization for this Limited Liabil Florida document numberL1100001552		02/07/2011	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the	-	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	и		
			····
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	E	ter Florida street add	
-	City	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ALexander Garcia	11418 Country Oaks Dr Tampa, Florida 33618	Add Remove
			Add Remove
			Add Remove
•			Add Remove
<u></u>			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	
			
Dated	02/08 Glizhett	2011	
	Signature of a me	priber of authorized representative of a member Elizabeth A Posse	
		yped or printed name of signee	 <u> </u>

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Filing Fee: \$25.00