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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

JUL 11 2011

**EXAMINER** 

## TO:

## **COVER LETTER**

Registration Section
Division of Corporations

SUBJECT:	.C				
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	CHR	STOPHER WOEHLKENS			
		Name of Person			
	ROCKSTA	R PRESSURE CLEANING	THE B PHIZ: 43		
		Firm/Company	mer &		
		4574 PINETREE DR			
•	**************************************	Address			
	DEI	RAY BEACH, FL 33445			
		City/State and Zip Code			
	ROCKSTARPR	ESSURECLEANING@GM	AIL.COM		
	E-mail address: (	to be used for future annual report notif	ication)		
For further information	concerning this matter, please	call:			
CHRISTO	PHER WOEHLKENS	at ( 561 )	644-4637		
Name	of Person	Area Code & Daytim	e Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee &	First on Biling Page 9.	COMMON PARTIES		
<b>4 3 2 3</b> .00 Fitting 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)		
	ING ADDRESS:	STREET/COUR			
_	Registration Section Registration Section				

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

ROCKSTAR PRESSURE CLEANING LLC

(Name of the Limited	A Florida Limited L	ny as it now appear iability Company)	<u>'s on our records.</u> )	
The Articles of Organization for this Limited I	iability Company	were filed on	02/24/2011	and assigned
Florida document numberL1100002	3812			多 一
This amendment is submitted to amend the foll  A. If amending name, enter the new name of	J	ility company her	<u>e</u> :	LAND SEE.
	N/A	<b>.</b>		Total Fa
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Compa	my," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			,
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter (</u>	the name of the new
Nama of Naus Basistand Assauts	N/A			
Name of New Registered Agent:		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
New Registered Office Address:	N/A	Fn	ter Florida street ada	Pace
		Line, Lioning on the ann cos		
	, <del>,</del>	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

MGRM JOSHUA D. ADAMS  TATALER  LAKE WORTH, FL 33463  Remove  MGR  JON LARRINAGA  4809 BRANDYWINE DR  BOCA RATON, FL 33487  Remove  MGR  JOEY VENTRELLA  6261 COUNTRY FAIR CIR BOYNTON BEACH, FL 33437  Remove  Add Remove  Add Remove  Add Remove	<u> ction</u>
MGR JOEY VENTRELLA 6261 COUNTRY FAIR CIR Add BOYNTON BFACH, FL 33437 Remove  Add Remove	e
BOYNTON BEACH FL 33437 Remove  Add Remove  Add Remove	8
Add   Add   Add   Add   Add   Remove   Add   Add   Remove   Add   Add   Remove   Add   Add	ē
Remove  Add  Remove	ė
Remove	:
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	;
CRETARY LAHASSE	T
Dated	M D
CHRISTOPHER WOEHLKENS  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00