

L11000040244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800200353018

04/18/11--01034--014 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 18 PM 5:10

FILED

C. LEWIS
APR 19 2011
EXAMINER



BOND, SCHOENECK & KING, PLLC
ATTORNEYS AT LAW ■ NEW YORK FLORIDA KANSAS

MICHAEL D. GENTZLE
Associate
Direct: (239) 659-3840
Fax: (239) 659-3812
mgentzle@bsk.com

April 15, 2011

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *EverSolv, LLC*

Dear Sir/Madam:

With respect to the referenced limited liability company, enclosed please find:

- Cover Letter,
- Articles of Amendment to Articles of Organization of EverSolv, LLC, and
- Check in the amount of \$30.00, representing the filing fee and the certified copy fee.

Please file the amendment in your records. It is my understanding we will receive a letter of acknowledgement once the amendment has been filed.

Thank you for your assistance in this matter. If you need any additional information, please do not hesitate to contact me.

Very truly yours,

BOND, SCHOENECK & KING, PLLC

A handwritten signature in black ink, appearing to read "Michael Gentzle", written over the printed name.

Michael Gentzle

MDG/sm
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EverSolv, 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:

Joe A. Warriner

Name of Person

U.S. Hygiene, LLC

Firm/Company

4305 Exchange Avenue

Address

Naples, FL 34104

City/State and Zip Code

duke@westburyproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Gentzle

Name of Person

at (**239**)

659-3840

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2011 APR 08 PM 03:14

EverSolv, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 4, 2011 and assigned
Florida document number L11000040244.

This amendment is submitted to amend the following:

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

U.S. Hygiene, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

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 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>
_____	_____	_____	<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.)*

Dated April 15, 2011

Joe A. Warriner *Manager*
Signature of a member or authorized representative of a member
Joe A. Warriner, Manager
Typed or printed name of signee

FILED
2011 APR 18 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA