

(Requestor's Name)					
(Address)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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02/03/12-01024-019 **25.00

12 FEB -3 FH 3: 36

B. BOSTICK
FEB - 6 2012
EXAMINER

COVER LETTER

SUBJECT:		erior Cleaning, LLC	2			
	Name of Lim	ited Liability Company				
The enclosed Articles of Ar	mendment and fee(s) are sul	bmitted for filing.				
Please return all correspond	lence concerning this matter	r to the following:				
		Chulird L. Besse				
Name of Person				-		
Besse's Exterior Cleaning, LLC						
Firm/Company				-		
P.O. Box 130561				_		
		Address				
		Tampa, FL 33681				
City/State and Zip Code				- <u>≽</u> o.		
	chi	ulirdbesse@gmail.con	ń	Ę	173 173	
	E-mail address: (to be used for future annual repo	ort notification)	H.		رد رامت ا
For further information con-	cerning this matter, please o	call:		AHASSE	ယ်	e mense S
						1 4
	d L. Besse	at (_813_)	765-7906 Daytime Telephone Number		င့်	الخينسوج
Name of P	erson	Area Code &	Daytime Telephone Number	ATE RIDA	သ	
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 en	nclosed) Certifie	ate of Sta	itus &	losed)

MAILING ADDRESS:

Registration Section

Division of Corporations

70:

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

Besse'	's Exterior Cleaning, L	LC	
(A Flo	ability Company as it now appea orida Limited Liability Company)	irs on our records.	
The Articles of Organization for this Limited Liabi	· ·	May 16, 2011	_ and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, <u>enter the new name of th</u>	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with th	ne words "Limited Liability Comp	any," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:		Ā	C b
(Mailing address MAY BE A POST OFFICE BO	<u></u>	5	2 [
	<u> </u>	A: A: 00: 00:	CO E I
B. If amending the registered agent and/or		our records, enter the	name of the new
registered agent and/or the new registered office	e address here:	LORIDA	် ယ သ
Name of New Registered Agent:			
New Registered Office Address:	E ₂	nter Florida street addre.	De .
, · · .	E.	ner Froniuu sireel uuure.	0.5
`-	· · · ·	, 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: W. MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action MGR Chulird L. Besse 10901 Brighton Bay Blvd. NE _ Add Ant#9107 ∇ Remove St. Petersburg, FL 33716 MGRM Chulird L. Besse 4104 West Coachman Avenue Tampa, FL 33611 Remove ☐ Add Remove Remove ∏Add ☐Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Chulird L. Besse

Typed or printed name of signee

2012

January 31

Dated

Page 2 of 2

Filing Fee: \$25.00