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B. BOSTICK JUN **2 5** 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Capital Cloning 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:
Heri Stout Name of Person
Florida Capitol Cleaning LC
Pobox 949 Address
Capital Claning, tallahassel Dgmail. com
For further information concerning this matter, please call:
Name of Person at (860 363 - 5009 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) (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

Torida (Name of the Limited Lia (A Flo	ability Company a prida Limited Liabi	CLOUING it now appears on or ity Company)	records.)			
The Articles of Organization for this Limited Liabi Florida document number <u>L1100081</u>		e filed on DT 18	5/11	_ and as	signed	
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liability	company here:				
The new name must be distinguishable and end with th "L.L.C."	e words "Limited I	iability Company," th	e designation "LLC	or the	abbreviation	
Enter new principal offices address, if applicable	p•		E E	75	•-	
(Principal office address MUST BE A STREET A			26	<u></u>		
Trincipal office datasess most be A STREET A	LDDI(ESS)		2	25	Grana.	
	_					
77			25 27 1.0 dis	X	(manual)	
Enter new mailing address, if applicable:	_		<u> </u>			
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>		- 37	<u> </u>		
	-	,	**			
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our re	cords, <u>enter the</u>	name	of the new	
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

Title <u>Address</u> Type of Action Hannah Williams ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Signature of a member of authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00