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EXAMINER



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COVER LETTER

TO:

то:	Registration S Division of Co			*
SUBJE	CT:	Altreshar Cle	eaning Service, LLC	·
			ited Liability Company	
The en	closed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Tracy Buckley	
			Name of Person	
			Firm/Company	
812		8123	Cranmoore Place, #202	
			Tampa, FL 33610	
			City/State and Zip Code	100 - 100 -
		E-mail address: (Itreshar@gmail.com	ntification)
or fur	ther information of	concerning this matter, please c	•	
		acy Buckley	at (_813_)	997-0934
	Name c	of Person	Area Code & Dayt	ime Telephone Number
Enclose	ed is a check for t	he following amount:		
₹] \$ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee; FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive I Tallahassee, FL	orations Center::Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Altreshar	Cleaning Service, L	.LC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea a Limited Liability Company)	irs on our records.)		-	
The Articles of Organization for this Limited Liability	Company were filed on	July 26, 2011	and	assigr	ned
Florida document number L11000085723	 .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :			
	har Services, LLC				
The new name must be distinguishable and end with the well.L.C."	ords "Limited Liability Comp	any," the designation "l	JLC" or the	ne abbi	reviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	(RESS)		20		
	***************************************		<u> </u>	_≘	 \
Enter new mailing address, if applicable:				617	12-1-2-2-1 1-1-1-2-1 1-1-1-2-1
(Mailing address MAY BE A POST OFFICE BOX)			77.75	74	
			Si	٠ ن	
				®	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter t	he name	e of t	he new
registered agent and/or the new registered office aut	uress here:				
Name of New Registered Agent:	· 			······································	
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	City		Zip Ce	ode	

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 **Type of Action Title** Name Address MGR Wade Buckley 8123 Cranmoore Place Apt 202 _ Add ☑ Remove Tampa, FL 33610 ☐ Add Remove ☐ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ August 11 2011 Signature of a number or authorized representative of a member Tracy Buckley, Managing Member Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00