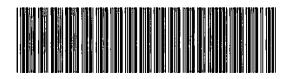
L110000101708

| (Req | uestor's Name) | |
|----------------------------|----------------|-------------|
| (Addi | ress) | |
| (Addi | ress) | |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doc | ument Number) |) |
| Certified Copies | Certificate: | s of Status |
| Special Instructions to Fi | iling Officer: | |
| | | |
| | | |
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| | | |

Office Use Only



900212268829

03/19/11--01017--011 **43.75

10/05/11--01013--004 **11.25

FILED

2011 OCT =4 PM P: 43

SECRETARY OF STATE.

OCT 5 2011 EXAMINER





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2011

R ELENA PACHECO VILLALTA & ASSOCIATES ACCOUNTING GROUP 5454 NW 59TH PL TAMARAC, FL 33319

SUBJECT: CANDIDO A.PEREZ GENERAL CONTRACTOR, LLC

Ref. Number: L11000101708

We have received your document for CANDIDO A.PEREZ GENERAL CONTRACTOR, LLC and check(s) totaling \$43.75 of which \$43.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$11.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 111A00021996

COVER LETTER

| то: | Registration Se Division of Cor | | | |
|------------------|------------------------------------|---|--|--|
| SUBJE | CT: CAN | NDIDO A PEREZ G | ENERAL CONTRA | ACTOR LLC |
| | | Name of Lim | ited Liability Company | |
| | | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | bmitted for filing. | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | |
| | | j | R ELENA PACHECO | |
| | | | Name of Person | |
| | | VILLALTA & AS | SSOC ACCOUNTING | GROUP INC |
| | | | Firm/Company | |
| | | | 5454 NW 59TH PL | |
| | | | Address | |
| | | Т | AMARAC, FL. 33319 | |
| | | | City/State and Zip Code | |
| • | | ELENAV | /ILLALTA@COMCAS to be used for future annual repo | T.NET |
| | | | | ort notification) |
| For furth | ner information co | oncerning this matter, please of | call: | • |
| | ELEN | IA PACHECO | at (_954_) | 724-8670 |
| , | Name of | Person | Area Code & | Daytime Telephone Number |
| Englose | d is a shook for th | e following amount: | | , |
| | | • | Times on Elling Page 9 | Tildeen on Filling Dea |
| <u></u> □ \$23.0 | 00 Filing Fee | S30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is er | Sectificate of Status & Certificate Copy (additional copy is enclosed) |
| | Registra | NG ADDRESS: ation Section n of Corporations | Registration | OURIER ADDRESS: Section Corporations |
| | P.O. Bo | | Clifton Buil | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2011 OCT -4 PM 12: 43

CANDIDO A PEREZ GENERAL CONTRACTOR LAGAHASSEE, FLORIDA

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

(A Florida Limited Liability Company)

| The Articles of Organization t | for this Limited Liability Company | were filed on | 9-6-2011 | and assigned |
|--|--------------------------------------|-----------------------|-----------------------|--------------------------|
| Florida document number | L11000101708 | | | |
| This amendment is submitted | to amend the following: | | | |
| A. If amending name, enter | the new name of the limited liab | ility company here: | <u> </u> | |
| | CP CLEANING SI | ERVICES, LLC | | |
| The new name must be distingu "L.L.C." | ishable and end with the words "Limi | ted Liability Company | y," the designation " | LLC" or the abbreviation |
| Enter new principal offices : | address, if applicable: | | | |
| (Principal office address MU | ST BE A STREET ADDRESS) | · | | |
| | | | | |
| | | | | |
| Enter new mailing address, | | | | |
| (Mailing address MAY BE A | POST OFFICE BOX) | | | |
| | | | | |
| | ered agent and/or registered of | | r records, enter | the name of the new |
| registered agent and/or the | new registered office address her | <u>e</u> : | | |
| | | | | |
| Name of New Regis | tered Agent: | | | |
| New Registered Off | ice Address: | Posts | r Florida street add | trace |
| | | Ente | r r wriau sireet aac | 11 E33 |
| • | | City | , Florida | Zip Code |
| | | CHY | | Lip 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

| | Name | Address | Type of Actio |
|-------------|----------------------------------|--|--|
| | | | Add Remove |
| | | | |
| | | | |
| | | | Add |
| | | | □ D |
| _ | | | Remove |
| men | ding any other information, ente | r change(s) here: (Attach additional sheets, | |
| | <u> </u> | | ZOLI O |
| | | | <u> </u> |
| | 9-16-11 #37 | · | OCT -4 PM 12: 45 CRETARY OF STATE LAHASSEE, FLORIDA |

Page 2 of 2

Filing Fee: \$25.00