## 111000100373

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 0 2 2012

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:		E CLEANING, LLC ited Liability Company				
	of Amendment and fee(s) are sul	_				
		JAIME MORAN Name of Person		_		
		Firm/Company	·	_		
	4	605 BYERLE CIRCLE		SECRI	12 <b>K</b> J	-
		TAMPA, FL 33634		ETARY	17-1	
	jn	City/State and Zip Code  nwada12@gmail.com  to be used for future annual report no	otification)	OF STA		ED
For further information	n concerning this matter, please of		(inteactor)	TE	=	
	AIME MORAN e of Person	at ( 813 ) Area Code & Dayt	704-3022	er		
Enclosed is a check fo	r the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	sed) Certific	iling Fee. cate of Steed Copy onal copy	atus &	losed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	oorations ; Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WA	<u>DAJAIME CLEANING, LL</u>	C	
( <u>Name of the Limited</u>	l Liability Company as it now appears A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on	09/16/2011	and assigned
Fforida document number L1100010	6373		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company here	2:	
,		-	
The new name must be distinguishable and end wi	th the words "Limited Liability Compar	ny " the designation "L	.C" or the abbreviation
"L.L.C."	in the words. Elimited Elability Compar	ny, the designation El	Se of the dooreviation
Enter new principal offices address, if applie	eable:		<del>(: 2</del>
(Principal office address MUST BE A STREE	ET ADDRESS)	<del></del>	<del>S ≥</del>
			<u> </u>
		SSE	ž - T
Enter new mailing address, if applicable:		إيبأ	<b>≘ æ</b> m
•			s I
(Mailing address MAY BE A POST OFFICE	<u></u>	<u></u>	<b>X</b> -
		<u>. 0</u>	7) —
B. If amending the registered agent and registered agent and/or the new registered o		ur records, <u>enter tr</u>	ie name of the new
registered agent and/or the new registered o	ince address here.		
Name of New Registered Agent:			
New Registered Office Address:	4605 BYERLE CIRCLE		
, , , , , , , , , , , , , , , , , , ,	Enter Florida street address		
	TAMPA	, Florida	33634
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am	nending any other information, enter change	e(s) here: (Attach additional sheets, if necessar	TO A
	TAMPA	, FL 33634	W-I HASSEF
			F STATE
Dated	APRIL 20 20	12	
	Signature of almember	or authorized representative of a member	
		AIME MORAN	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00