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D. BRUCE

OCT 25 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The ROCK OFFICE and Building Name of Limited Liability Company Claw. NS Ser HL
CICAN.NS SEV 44
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Velma J Rigney Name of Person
The Rak Office and Building Cleaning Ser LL
3121 W. Gadsden St-
Pensa Colla Pl 3250 8 7
M-G-G-37-S-G-ATT, Not T E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Velang T Rigney at (SS) 433-40 33 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (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

The RULE OF FUL (Name of the Limited Lin (A Fi	ability Company as it now appears on our records.) Sorvida Limited Liability Company)
`	lity Company were filed on OCT 3 14-2011 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the ROCK OF GC and The new name must be distinguishable and end with the "L.L.C."	e limited liability company here: BUILLO (JOGN.NS SET LLC) ne words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	ASS T
(Mailing address MAY BE A POST OFFICE BO	x) \(\xi_0^2 \times \frac{\xi_0^2 \times \xi_0^2 \times \xi_0^2 \times \xi_0^2 \times \xi_0^2 \times \xi_0^2 \xi_0^2 \times \xi_0^2 \xi
	SSEE
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
•	
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 Name Address Type of Action Mor Ronald O McCarse ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated OCF ber or authorized representative of a member ed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00