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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAiL		
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T. CLINE
FEB 24 2012
EXAMINER

SEGRETÄRY OF STATE ALLAHASSEE, FLORIDA

To territoria

COVER LETTER

TO:	Registration Division of C				
SURII	· ECT:	THE CLEANERS	S CONSULTANTS T	cc	
50101		Name of Lim	ited Liability Company		
The en	closed Articles	of Amendment and fee(s) are su	brnitted for filing.		
Plcase	return all corres	pondence concerning this matte	r to the following:		
		James Smith			
Name of Person					
THE CLEANERS CONSULTANTS TCC Firm/Company					
P.O. BOX 352 Address			P.O. BOX 352433 Address		
		D	VIM COAST EL 22425		
			ALM COAST, FL 32135 City/State and Zip Code		
		Beth@t	thecleanersconsultants.Co	com	
For fur	ther information	n concerning this matter, please	-	iomodion)	
				440.0040	
		James Smith e of Person	at (386) Area Code & Da	449-9618 ytime Telephone Number	
Enclose	ed is a check for	r the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Section 1 Section 2 Sectio	atus &
	Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COV Registration So Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	URIER ADDRESS: Section Proporations Proporat	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CLEANERS CONSULTANTS TCC

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appea ited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Com Florida document numberL1200000470	pany were filed on	01/03/2012	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>.</u> e:		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	nny," the designation "	LLC" or the ab	breviation
Enter new principal offices address, if applicable:		<u> </u>		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>		5., 63	
•				f t
Enter new mailing address, if applicable:			B 23 TARY ASSE	F*****
Mailing address MAY BE A POST OFFICE BOX)			m _S	(17)
			TS 5	Secret 1
		 		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, <u>enter</u>	7:	the new
Name of New Registered Agent:				
New Registered Office Address:	Fn	ter Florida street add	dress	
	Enter r toriaa street aaaress			
	City	, Florida	Zip Code	
	CHY			

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 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>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Elizabeth Smith	18 burning View Lane Palm Coast, FL 32137	Add Remove
			☐ Add ☐ Remove
	<u></u>		Add Remove
			Add Remove
			∏Add ☐Remove
			☐Add ☐Remove
D. If amendi	ing any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	2012 FEB
		CAHASSEE, FL	23
		FLORIDE RIDE	B 57
Dated	February, 22	., 2012	
•	Signature of	f a member oriauthorized representative of a member	
		James Smith Typed or printed name of signee	************

Page 2 of 2

Filing Fee: \$25.00