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B. BOSTICK

FEB 2 0 2013

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JANITONIAL BAY GROUP LLC.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mr. Rick Sp. DEL Name of Person
SPIDEL AND ASSOCIATES LLC.
5628 GUNN HIGHWAY Address
TAMPA, FL 33624 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (P13) P42-5353 THE TI
Enclosed is a check for the following amount:
\$25.00 Filing Fee U\$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  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

JANITORI	AL BAY GROUP, LLC.
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
	ompany were filed on $1/20/20/2$ and assigned
Florida document number <u>L / 2 0 0 0 0 / 0 2 2</u>	<u>-</u> .0
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
SPIDEL AN	SOCIATES "LLC".  Is "Limited Liability Company," the designation "LLC" or the abbreviation
The new name must be distinguishable and end with the word "L.L.C."	
Enter new principal offices address, if applicable:	5628 GUNN HILHWAY #10
(Principal office address MUST BE A STREET ADDRI	SAME AS ABOVE 9
	· / Ε, ω
	B I
Enter new mailing address, if applicable:	SAME AS ABOUT 5
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	SAME AS ABOVE 9 17 12:54
B. If amending the registered agent and/or registered is registered agent and/or the new registered office addresses.	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	SAME
New Registered Office Address:	SAME  5628 GUNN HWY # 161  Enter Florida street address  1 AMPA Florida 33624  City Zip Code
	Enter Florida street address
	1 A M PA , Florida 33624
	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 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
<del></del>			Add
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			Remove
			Add
			Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
ed	2/15/2013 .
	12 SP, Lit
	Signature of a member or authorized representative of a member
	OZICK SPIDEL
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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