

L12000022887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2012 FEB 24 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
FEB 27 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Corporate Cleaners of South Florida, 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:

Janice D Champagne

Name of Person

Corporate Cleaners of South Florida, LCC.

Firm/Company

9341 NW 19th Street

Address

Pembroke Pines, Florida, 33024

City/State and Zip Code

janice@thecorporatecleaningcompany.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice D Champagne

Name of Person

at ( 954 )

554-3100

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

FILED

2012 FEB 24 AM 10:20

Corporate Cleaners of South Florida, LLC SECRETARY OF STATE  
(Name of the Limited Liability Company as it now appears on our records) FLORIDA  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/16/12 and assigned  
Florida document number L12000022887.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Clean House . . . Peace of Mind!, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Same as before)

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Same as before)

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

(Same as before)

New Registered Office Address:

(Same as before)

*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

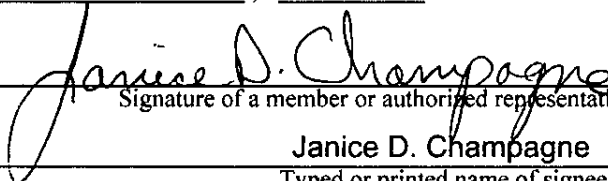
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u> | <u>Type of Action</u>   |
|--------------|------------------|----------------|---|
|              | (Same as Before) |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                  |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                  |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                  |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
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|              |                  |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Dated February 22, 2012

  
Signature of a member or authorized representative of a member  
Janice D. Champagne  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 FEB 24 AM 11:20

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