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(Requestor's	s Name)
	-
(Address)	
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(City/State/Z	Lip/Phone #)
, ,	•
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
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K. SALY EXAMINER DEC 28 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Saint's Constab Cloaning 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:
Heather W. Albagro Name of Person
Saint's Coastal Claning and Floring Installation L
12811 Farm RD Address
Southport Fl 32400 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather w Allogro at (850) 527-0923 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$25.00 Filing Fee

\$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liability Company were filed on ____________________ and assigned

This amendment is submitted to amend the following:

Enter new principal offices address, if applicable:

Florida document number L 1 20000 (61484

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

Soint's Constal Claning and Floring Installation LLC.
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 12811 Farm RD

(Principal office address MUST BE A STREET ADDRESS)	Southport Fl 32409
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12811 Farm RD Southport F1 32409

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:		
New Registered Office Address:	Enter Florid	da 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>	Name	Address	Type of Action
mbrm	Wistooth, orgallA	12811 Form Road	Add
	7	South port F1 32409	Remove
			Add
			Remove
		<u></u>	Add
			Remove
<u>.</u>			
			Remove
	· 		Add
			Remove
		 	Add
			Remove

D. If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)
LLC P.	4 pose - (Add)
Lood, T	ile, Vinyl, Floor Installation
Dated Dec 20, 21	012.
Heather	nature of a member or authorized representative of a member
— Hea	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00