2/2000084628

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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A. LUNT
JUL 11 2011
EXAMINER
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07/09/12--01013--009 **25.00



	(COVER LETTER			
TO: Registration Secti • Division of Corpo					.:
SUBJECT:	DC	DSE, LLC			
SUBJECT:		ted Liability Company			
	nendment and fee(s) are sub lence concerning this matter	_			
		lohn P Laudenslager			
	-,	Name of Person			
	Joł	nn P Laudenslager, F	PA		
		Firm/Company			
		P.O. Box 1460			
		Address		7	
		Nokomis, FL 34274		SECT	
		City/State and Zip Code			71
· · ·	E-mail address: ((jpl@jplpa.com	port notification)		7
For further information con	cerning this matter, please c	-	,	22 2	FILED
John P	Laudenslager	_{at (} 941)	485-0225		
Name of P	erson	Area Code 8	& Daytime Telephone Nur	mber	
Enclosed is a check for the	following amount:				
∑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certi) Filing Fee, ificate of Status & ified Copy itional copy is enclo	osed)
Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registratic Division o Clifton Bu 2661 Exec	of Corporations	S:	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOSE, LLC (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

 The Articles of Organization for this Limited Liability Company were filed on ______06/27/2012 ______ and assigned

 Florida document number
 L12000084628 _______

This amendment is submitted to amend the following:

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

Sanitizing Plus Distributors, 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:	
(Principal office address MUST BE A STREET ADDRESS)	
	SAR -
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add ^{wee}
		SRA SRA E F	
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
. <u></u>			
	·····	· · · · · · · · · · · · · · · · · · ·	'
Dated	July 6,20	12 7 Phala lange	
-	Signature of a member	or authorized representative of a member	
-	Global Financial Concep	ots Inc MGRM by John P Laudenslager	
	Typed	or printed name of signee Page 2 of 2	
	F	iling Fee: \$25.00	