1200090605

| (Requestor's Name) | | |
|---|--------------------|-----------------|
| (Address) | | |
| (Address) | | |
| (Ci | ty/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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| | | |
| | | |

Office Use Only

G. MCLEOD

EXAMINER



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07/31/12--01003--001 **25.00

TALLAHASSEE, FLORIDA

FILED

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G. MCLEOD

JUL 3 0 2012

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: A) S Hard Core Cleaning 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: |
| Jaquela Hampton Name of Person |
| AUS Flandcore Cleaning LLC Firm/Company |
| 194 South Rutledge St |
| Madison FL 32304 City/State and Zip Code |
| Jaquahampton Oyahoo.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at () Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ |
| MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations |

P.O. Box 6327 Tallahassee, FL 32314

TO:

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A) S Hardore Cleaning L | 2 C |
|--|---|
| (Name of the Limited Clability Company (A Florida Limited Lial | oility Company) |
| The Articles of Organization for this Limited Liability Company w Florida document number 12000906. | ere filed on $\frac{7}{12}$ $\frac{2012}{2012}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability | ty company here: |
| The new name must be distinguishable and end with the words "Limited "L.L.C." | I Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | 5 |
| | = = = = = = = = = = = = = = = = = = = |
| | SSE O |
| Enter new mailing address, if applicable: | ng I m |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | ce address on our records, enter the name of the new |
| • | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City Zin 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member <u>Title</u> **Address** Type of Action **Name** Summer Basso MGRM Add Remove ☐ Add Remove Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 7/30/12.

MGR = Manager

fagok Hometon
Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00