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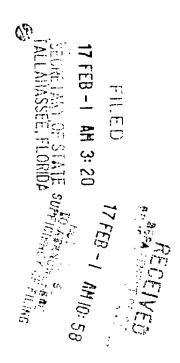
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K. SALY FEB - 1 2017

# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Limit	ted Liability Company	broot cleaning Lha
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
·	V-4m.	Name of Person	3
			Tile and Growt Warin
	5036 6	Address 5t	
·	E-mail address: (r	City/State and Zip Code	1 34653 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
•	oncerning this matter, please ca	all:	·
Name of	A William Person	at Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/4/2 and assigned

Florida document number 1/2000923

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability"	ty 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)	5036 breenword St New Port Richer, FL 34653
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5036 breenwood St Heu Port Richer, FL 24653

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:

### 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> **Type of Action** <u>Name</u> <u>Address</u> ies I. Clark ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ORD Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

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Filing Fee: \$25.00