

**L13000001358**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2013 MAR 11 AM 8:46

**C. LEWIS**  
MAR 12 2013  
**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CRS - CLEANING AND REPAIR SOLUTIONS 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:

LUIS M. LOURENCO  
Name of Person

CRS - CLEANING AND REPAIR SOLUTIONS LLC  
Firm/Company

1144 CARMONA PLACE  
Address

SAINT AUGUSTINE - FL 32092  
City/State and Zip Code

CRS4SOLUTIONS@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS LOURENCO at (904) 466 3518  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
SECRETARY OF STATE  
DIVISION OF CORPORATION

2013 MAR 11 AM 8:46

CRS - CLEANING AND REPAIR SOLUTIONS LLC

(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 JANUARY 03 2013 and assigned Florida document number 613000001358.

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 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)

1144 CARMONA PLACE  
SAINT AUGUSTINE FL 32092

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, 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:

1144 CARMONA PLACE  
Enter Florida street address  
SAINT AUGUSTINE, Florida 32092  
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:

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MGR = Manager  
MGRM = Managing Member

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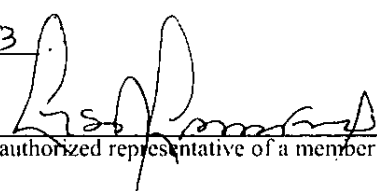
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE MANUEL MARTINS	116 PANORAMA DRIVE	<input type="checkbox"/> Add
		PALM COAST FL 32164	<input checked="" type="checkbox"/> Remove
MGR	MARIA RAIMUNDA PIRES	116 PANORAMA DRIVE	<input type="checkbox"/> Add
		PALM COAST FL 32164	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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Dated MARCH 7th, 2013

  
Signature of a member or authorized representative of a member

LUIS M. LOURENCO

Typed or printed name of signee

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Filing Fee: \$25.00