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| Special Instructions to Filing Officer: | | |
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APR 1 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

_{rcr.} Orlando DustBusters, 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 A. Rodriguez

Name of Person

Firm/Company

1039 S. Hiawassee Road Apt. 2911

Address

Orlando, FL. 32835

City/State and Zip Code

lualfredo18@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis A. Rodriguez

Name of Person

_{...}321、**331-8072**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

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

| Orlando DustBusters, LLC. | | | | |
|--|---|--|--|--|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on outed Liability Company) | our records. | | |
| The Articles of Organization for this Limited Liability Complete Florida document number L1300043079 | pany were filed on March | 22, 2013 and assigned | | |
| 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 "L.L.C." | "Limited Liability Company," t | he designation "LLC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | 2013 TAL1 | | |
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| | | R 29 | | |
| Enter new mailing address, if applicable: | | <u></u> | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | · | <u> </u> | | |
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| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | | ecords, enter the name of the new | | |
| to be the state of | • | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Fi | orida 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|------------------------|----------------|
| MGRM | Luis A. Rodriguez | 1039 S. Hiawassee Road | Add |
| | | Apt. 2911 | Remove |
| | | Orlando, FL. 32835 | |
| | | | Add |
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| March 26 | 2013 ₁ 1 |
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| | full fur |
| | a number of authorized representative of a member |

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Filing Fee: \$25.00

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