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N. Cuffigan AUG 12 2013

COVER LETTER

TO: Registration Section
Division of Corporations

Claudette's Cleaning Services "L.L.C"

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:

Claudette A. Anderson

Name of Person

Claudette's Cleaning Services

Firm/Company

10904 N 50 Street

Address

Tampa, Florida 33617

City/State and Zip Code

Claude JR67@Verizon.NET

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

For further information concerning this matter, please call:

Claudette A. Anderson

{.,/}813\298-0238

Name of Person

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)

□\$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

FILED

2813 AUG -9 PH 12: 46

	111 1 0 4	TEID HOR	3 1H IZ- 40
Claudette's Cleaning Services	L.L.C.	SECRETAR	Y OF STATE
(Name of the Limited Liab) (A Florid	ility Company as it now appears da Limited Liability Company)	TALLAHAS	SEE, FLORIDA
The Articles of Organization for this Limited Liabilit	y Company were filed on 05/0	9/2013	and assigned
Florida document number L13000068422			
	·		
This amendment is submitted to amend the following	; :		
A. If amending name, enter the new name of the l	limited liability company here	:	
7	1 41 2 17 172 0	mal 1 ' a' cer	I CON 11 11 111
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation "I	ALC" or the appreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ır records, <u>enter (</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_	<i>O</i> :-	, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist	r and complete performance of d agent as provided for in Cha tered office address, I hereby	of my duties, and I o apter 608, F.S. Or,	am familiar with and if this document is

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>	Name	Address	Type of Action
MGRM	Claudette A Anderson	10904 N 50th Street	Add
		Tampa, FI 33617	Remove
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Atta	ch additional sheets, if necessary.)
Dated 05/08/2013	
Gaudette A Ar	ider Son
Signature of a member or authorized rep	presentative of a member
Claudette A. Anderson	
Typed or printed name	of signee

SECRETARY OF STATE