L13000 116477

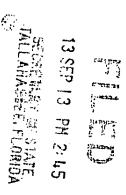
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Business Emily Numb)
(Document Number)
(Document Number)
0.45.10
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300250832103

08/22/13--01007--001 **25.00





August 23, 2013

ROMONITA BATISTA 2270 NW 91 ST MIAMI, FL 33147

SUBJECT: BLUE CLOUD CLEANER LLC

Ref. Number: L13000110477

We have received your document for BLUE CLOUD CLEANER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 913A00020164

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

	gistration Sec vision of Corp				•	
SUBJECT	: Blue	Clard	Clecree Name of Limi	ited Liability Company	·.	
The enclose	ed Articles of A	Amendment an	d fcc(s) arc sut	bmitted for filing.		
Please retur	n all correspor	idence concern	ning this matter	r to the following:		
		Rom	nita B	Catista Name of Person		
		Blue	Chid	Cleaner UC Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		2270	w	91 street		
		_		Address		
		Micon	FL	33 147 City/State and Zip Code		
		ranz	italoa	tista Qyahoo.Co	ort notification)	,
For further	information co	ncerning this	natter, please c			
Ram	Name of	<u>3ahste</u> Person	<u> </u>	at (<u>305)</u> 310 Area Code &) – 445. Daytime Telep	3 hone Number
Enclosed is	a check for the	e following an	ount:			
\$25.00 1	Filing Fee	□\$30.00 Fil Certific	ing Fee & ate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is ea		□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

. TO:

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

_Blue_cluid_C	leaner	uc	·		_	
(Name of the Limited (A	Liability Comp: Florida Limited	any as it now a Liability Comp	appears on our records.)		•	
The Articles of Organization for this Limited Li Florida document number <u>L1300110</u>		y were filed o	n_8-10-13	and	assigne	ed
This amendment is submitted to amend the following	owing:		•			
A. If amending name, enter the new name of	the limited lia	bility compan	v here:			
Blue Cloud Entero The new name must be distinguishable and end with "L.L.C."	h the words "Lin	LC nited Liability (Company," the designation "	'LLC" or th	ıc abbr	 eviation
Enter new principal offices address, if applica	able:	nla				
(Principal office address MUST BE A STREE	T ADDRESS)					
			<u> </u>			
Enter new mailing address, if applicable:		na	<u> </u>			. _
(Mailing address MAY BE A POST OFFICE)	BOX)			·		
				E.		
B. If amending the registered agent and/o	or registered o	ffice. address	on. our records, enter	themam	e.oKi	he new
registered agent and/or the new registered of	fice address he	<u>re</u> :		CRE B	SEP	es esta
Name of New Registered Agent:	nla				ယ	- House
New Registered Office Address:				En Sil	PH	
			Enter Florida street ad	dress	2:4	Enter of
		City	, Florida _	Zip C	cu Cu	
New Registered Agent's Signature, if changing R	egistered Agent	•		Σψ C	vue	
	og word / I gold	<u>.</u>				
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis heing filed to merely reflect a change in the r company has been notified in writing of this c	oper and comp tered agent as egistered office change	olete perform provided for	ance of my duties, and I in Chapter 608, F.S. Or	am famil , if this de	iar wii ocume	th and

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** na Remove Remove

Remove

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	Pugust 19 , 2013.
	Lawrence Batus
	Signature of a member or authorized representative of a member Ramonita Batista

Page 3 of 3

Filing Fee: \$25.00

13 SEP 13 PH 2: 15