

From: Jason Morales

Fax: +1 (813) 45-7084

To: (813) 617-6383

Fax: (850) 617-6383

Date: 10/29/2013 10:00

# L13000148233

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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H130002404133ABCS

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICE

Account Number : T20050000099

Phone : (813) 932-5244

Fax Number : (813) 932-3782

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: JASON@ACTIVATEMYLICENSE.COM

FILED  
2013 OCT 30 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALL ABOUT CLEANING AND PRESSURE WASHING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 31 2013  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALL ABOUT CLEANING AND PRESSURE WASHING 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:

**JASON D. MORALES**

Name of Person

**CONTRACTORS REPORTING SERVICE, INC**

Firm/Company

**13795 N NEBRASKA AVE**

Address

**TAMPA, FL 33624**

City/State and Zip Code

**jason@activatemylicense.com**

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

For further information concerning this matter, please call:

**JASON D. MORALES**

Name of Person

**(813) 932-5244**

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT 30 AM 8:23

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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**

**ALL ABOUT CLEANING AND PRESSURE WASHING 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 10/21/2013 and assigned  
 Florida document number L13000148233.

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)**

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:

*Enter Florida 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>	<u>Address</u>	<u>Type of Action</u>
MGR	SUSAN M NANCE	4806 MYRTLE VIEW DR W MULBERRY, FL 33860	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SUSAN M NANCE	4806 MYRTLE VIEW DR W MULBERRY, FL 33860	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	NORA DOWLING	108 CURRYS LANDING TRL BRANDON, FL 33511	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

PLEASE ADD FEIN# 46-3923834

Dated OCTOBER 29, 2013

Signature of a member or authorized representative of a member

JASON D. MORALES

Typed or printed name of signee