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2015 APR -6 PM 2: 21
SECRETARY OF STATE
TALLAHASSEE FLORID:

1. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT: BLA	Cewe //3 Cou// Name of Limi	ON T BE Cleaners ited Liability Company	· "LLC"
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Sam BRA	OCEWE //	
		Du/ISu + Be Clean Firm/Company	er"LLC"
		Address	
	Verice F	City/State and Zip Code	
	CBC PAINTING E-mail address To	to be used for future annual report notif	Con ication)
For further information co	oncerning this matter, please ca	all:	
Sam BRACE.	sell.	at (<u>941-</u>) <u>445-</u> Area Code Daytime	2376
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	_		
\$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

BRACEWell'S Co	uld Be Cleaner "LLC	<i>''</i>
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number 4/4/0000	ity Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
BRACEWE//S CRC PA!NA. The new name must be distinguishable and end with the word	ing "LLC"	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC"	(F1:
Enter new principal offices address, if applicable	::	→
Principal office address MUST BE A STREET A	DDRESS)	PR -6
		833 6
Enter new mailing address, if applicable:		F 5 - A 2: 2
(Mailing address MAY BE A POST OFFICE BO)	K)	·· <u> </u>
_		
B. If amending the registered agent and/or negistered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
		 .	□ Remove
		<u> </u>	
<u></u>			Add
			□ Remove
			□ Add
		**************************************	Remove
			<u> </u>
			Remove
			2815 APR A
			SEE ORemove
			
			□ Remove

D. If amending any other information, enter char	nge(s) here: <i>(Attach d</i>	additional sheets, if necessary.)
Changing Brac	eweers	Couldn't be
Cleaner to	BCBC.	
0.470.2		
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of		(optional) cannot be more than 90 days after
Dated Applied A	2015	
Signature of a mer	mber or authorized represe	entative of a member
SAM BRACENE!		
T	ped or printed name of sig	mee

Page 3 of 3

Filing Fee: \$25.00