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MAR 1 2 2015 J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Absolute Cleaning & Painting, uc.  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:
Mik Homan Name of Person
Absolute Cleaning & Painting, uc.
3708. 35th Street West
Bradenton Fl. 34205  City State and Zip Code  Absolute Chy (a) AMail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 822 · 10341  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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**

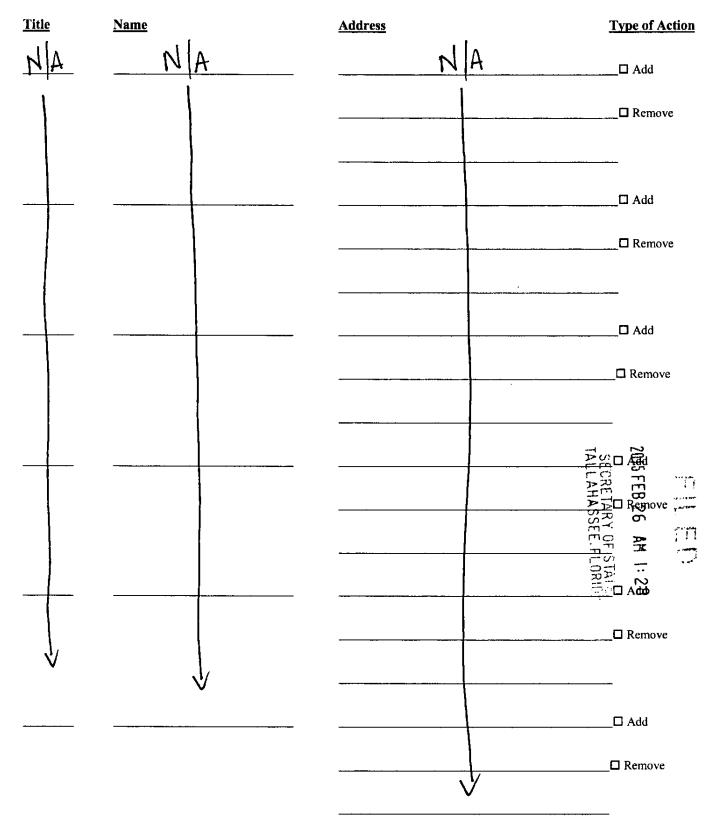
Absolute Cleaning	* Painting, uc.
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L14000 いろえ55</u> .	were filed on 11.12.2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Absolute Cleaning Painting The new name must be distinguishable and end with the words "Limited Biabil	dility Company," the designation "LLC" or the abbreviation "LLC."
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 off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	N A
New Registered Office Address:	Enter Florida street address  A, Florida  Zin 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>:

MGR = Manager AMBR = Authorized Member



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