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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 12 2015  
J. HARRIS

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Absolute Cleaning & Painting, 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:

Mik Homan  
Name of Person  
Absolute Cleaning & Painting, LLC.  
Firm/Company  
3708. 35th Street West  
Address  
Bradenton, FL. 34205  
City/State and Zip Code  
Absolutechnp@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mik Homan at (941) 822-6341  
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

Absolute Cleaning & Painting, LLC.

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**MGR = Manager**  
**AMBR = Authorized Member**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

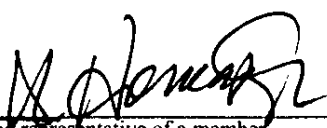
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A (edit NAME ONLY!)

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 17<sup>th</sup>, 2015

  
Signature of a member or authorized representative of a member

Mik Homan  
Typed or printed name of signee