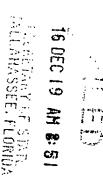
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

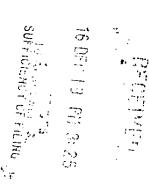
Office Use Only



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DEC 2 0 2015 Y SULKER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

174 Fonder's Frinting - Thomiseville, GA 8/00

BOND CLEANER	HOLDINGS, I	LC	- -
	······································		
			-
		-	Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
<u> </u>			Driving Record
Requested by: SETH	12/19/16		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
ratio	Dall	THIC	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

TO:		ation Sect n of Corpo			<u> </u>	
SUBJE		ND CLEA	NER HOLDINGS, LLC		i	
SUBJI			Name of Lim	nited Liability Cor	npany	
					!	
The en	closed Art	ticles of Ar	mendment and fee(s) are sub	mitted for filing	. !	
Please	return all	correspond	ence concerning this matter	to the following		
			HEATHER DAVIDSON			
				Name of F	erson	
	•			Firm/Con	pany	
			821 DONALD ROSS RD.			
				Addres	s [·]	· · · · · · · · · · · · · · · · · · ·
	;		JUNO BEACH, FLORIDA	A 33408		
				City/State and	Zip Code	
			h_davidson@ymail.com			
For fur	ther inform	nation con	r-mail address: (t cerning this matter, please or		re annual report no	otinication)
	; HER DAV			646	764-5855	
		Name of P	erson	at (at (Code Dayti	me Telephone Number
					ŀ	
Enclose	ed is a che	ck for the	following amount:			
\$25	5.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Fill Certified (additional		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
					1	
	:	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314		STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive (Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin		ny as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited l Florida document number L16000158220			and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		821 DONALD ROSS RD	
Principal office address MUST BE A STREET ADDRESS)		JUNO BEACH, FLORIDA 3	3408
Enter new mailing address, if applicable:		760 N Jog Road, Ste 150	16 OF
(Mailing address MAY BE A POST OFFICE BOX)		West Palm Beach, Florida 33	411 355 6
B. If amending the registered agent and registered agent and/or the new registered of			
Name of New Registered Agent:	DFS Agent, LL	.c	
New Registered Office Address:	760 N Jog Road	d, Ste 150	
		Enter Florida street addre	ess
	West Palm Bea	ch , F	lorida
		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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ADAM J. DAVIDSON	821 DONALD ROSS RD	= Add
		JUNO BEACH, FLORIDA 33408	☐ Remove
			Change
<u> </u>			. Add
·			☐ Remove
			C A
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			Cr) ☐ Change
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00