## 118000/162345

(Requestor's Name)	
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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SURJE	ECT: WASh Away The Diet Power Cleaning Name of Limited Liability Company	
The end	iclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Ang BlA Estes Name of Person	
	Firm/Company	
	2445 NE 214th St.	
	Miani Fl. 33180	
	City/State and Zip Code  Washaway the dirtegrail Com  E-mail address: (to be used for future annual report notification)	
For fur	rther information concerning this matter, please call:	-
A	Name of Person Area Code Daytime Telephone Number	
Enclos	sed is a check for the following amount:	- ويتحدد م <sub>ام</sub>
□ <b>\$</b> 2	25.00 Filing Fee \$\ \text{\$30.00 Filing Fee & \$\ \text{Certificate of Status} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \text{\$\}}	

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

(Name of the Limited Liability Company	vas it now appears on our records.)	<del>,</del>
(Name of the Limited Liability Company (A Florida Limited Lia		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L - 18000 to 23</u> 45	vere filed on July 3, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LI,C" or the a	bbreviation "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 OF FICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		the name of the new
Name of New Registered Agent:		HE OS
<u> </u>		SSE NY
New Registered Office Address:	Enter Florida street address	2 11
	, Florida	25 N D
	City	Lip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Or	familiar with and , if this document is

If 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 = Ma $AMBR = Au$	inager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MGL	Angela Estes	2445 NE 214th St.	<b>j</b> (Add
	J	Miami, Fl. 33180	□ Remove
$\cap$	<b>A</b> • • • • • • • • • • • • • • • • • • •		Change
Pres.	Angula Ests	2445 NE ZIYH St.	<b>X</b> /\dd
	•	Miami, F1. 33180	<i>t</i> □ Remove
			Change
Mæ	Luis Ortiz	5615 Hope St.	
		5615 Hope St. Hollywood, Fl. 3318	Remove
	,		Change
ice-fres	· Luis Ortiz	5615 Hood St.	<b>iX</b> ^dd
		Collywood, F1. 331	
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ffective date, if other the an effective date is listed, the lote: If the date inserted in ocument's effective date of	date must be specific in this block does no	and cannot be prior of meet the applic	able statutory fili	more than 90 days at	<b>itional)</b> ler filing.) Pursuar his date will not	nt to 605.020 be listed a
e record specifies a d		ed.		time, at 12:01	La.m. on the	earlier (
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The 90th day after the		Z018				

Page 3 of 3

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