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(Req	juestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor	ction porations			
SUBJEC	CT:	lermo	Velus	Bath Maintenance	LLC
			Name of Limit	ed Liability Company	
The encl	losed Articles of	Amendment and	d fee(s) are subm	nitted for filing.	
Please re	eturn all correspo	ndence concern	ing this matter to	o the following:	
		<u>J.</u>	eremy	Ruggjevo Name of Person	
		<u></u>		Firm/Company	
		100	5 Cara	Address Ave	
		Engi	lewood	F1 34223	
		Dra	drules	F/ 34223 City/State and Zip Code D 42Loo. COM	
		·	man address, 1to	the diseason statute annual report normeanon)	
	ier information c	_	•		
	leremy Name of	Ruggi Person	eru	at (479) 25 7-410 l Area Code Daytime Telephone Number	
	T wante on	. I Cliam		77 Talling Talling	
Enclosed	I is a check for th	ne following am	ount:		
X \$25.	.00 Filing Fee	□ \$30.00 Fi Certifica	ling Fee & atc of Status	(additional copy is enclosed) Certified	e of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jermo Velus Bath Mainten ance 11C

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil	lity Company were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Better Bath of S	SWF UC	
The new name must be distinguishable and contain the words	"Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	
		2 2
		7. 12 L
B. If amending the registered agent and/or regis agent and/or the new registered office address he		rds, enter the name of the new registere
agent and/or the new registered office address in	<u>(1)</u> .	· · · · · · · · · · · · · · · · · · ·
Name of New Pagistared Agents		1997年1日
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	OF STAT
New Registered Office Address:	Enter Florida	<u> </u>
	<u>Ели</u> т г юнаа	
_	City	, Florida

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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
****			□Add
			□Remove
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	Water to the state of the state		□Add
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iffectiv	ve date, if other than the date of filing:	. 605 020°
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	
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Note: It	ent's effective date on the Department of State's records.	
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Filing Fee: \$25.00