

L10000005521

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(Address)

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(Business Entity Name)

(Document Number)

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CORPORATION DIVISIONS
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K. SALY
EXAMINER
MAR 18 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jessie Norton Cleaning 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:

DAVID NORTON
Name of Person

Firm/Company

5053 RED FOX RUN
Address

Tallahassee FL 32307
City/State and Zip Code

gatorman1956@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID NORTON ⁸⁵⁰ ~~904~~ 567-5002
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
13 MAR 18 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jessie Norton Cleaning LLC
(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 Liability Company were filed on 1-15-2010 and assigned Florida document number L10000005521.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dave's Cleaning LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DAVID NORTON

New Registered Office Address:

5053 Red Fox Run

Enter Florida street address

Tallahassee

City

Florida FL 32303

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 608, 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.

David Norton

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jessie Norton	5053 Red Fox Run	<input type="checkbox"/> Add
		Tallahassee FL	<input checked="" type="checkbox"/> Remove
		32303	
MGRM	DAVID Norton	5053 Red Fox Run	<input checked="" type="checkbox"/> Add
		Tallahassee FL	<input type="checkbox"/> Remove
		32303	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____, _____.

David Norton

Signature of a member or authorized representative of a member

DAVID NORTON

Typed or printed name of signee

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Filing Fee: \$25.00