

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H100001818613)))

· Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062 Phone : (323)962-8600

Phone : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

RECEIVED

10 AUG 12 PH 1: 4.3
SECRETARY OF STATE
LLAHASSEE, FLORID

LLCAMND/RESTATE/CORRECT OR M/MGRESIGN MAYFLOWERMAINTENANCE,LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

FILED

10 AUG 12 AM 8: 00 AN
SECRETANT OF STATE RYAN
TALLAHASSEE, FLORIDA R

AUG 13 2010

EXAMINE

To: Page 2 of 4

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT, MAYFLO	OWER MAINTENANCE	, LLC	
	(Name of Lim	ited Liability Company)	
	Amendment and fee(s) are sub		
	Barbara Dang		
		(Name of Person)	
	Legalzoom.com, Inc.	•	
		(Firm/Company)	75. 6
	7083 Hollywood Blvd	d., Suite 180	ES A
		(Address)	
	Los Angeles, CA 90	1028	SSE 2
	200711190100707707	(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	ILED 6 12 M 8: 00 KATE KASSEE, FLORIDA
Barbara Dang		at (323) 962-8600	
(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 Fiting Fec, 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



(Zip Code)

(Name of the Limited	Liability Commany as it now aunears on our records.) Florida Limited Liability Company)	,
The Articles of Organization for this Limited Li	ability Company were filed on 05/25/2010	and assigned
Florida document number <u>L10000056320</u>	.	
l'his amendment is submitted to amend the folk	owing:	
A. If amending name, enter the new name of	(the limited liability company here:	
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Company," the designation	n "LLC" or the abbreviation
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, <u>ente</u> fice address here:	er the name of the nex
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street	address)
	, Florida	

New Registered Agent's Signature, if changing Registered Agent:

MAYFLOWER MAINTENANCE, LLC

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.

(City)

(If Changing Registered Agent, Signature of New Resistered Agent)

. . . .

MGR = Manager

MGRM = Managing Member

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:

<u> Title</u>	Name		Address	Type of Action
MGRM	Richard Lefs	ante	8247 XANTHUS LANE WELLINGTON FL 33414 US	Add Remove
··				Add Remove
-				Add Remove
<u> </u>				Add Remove
		·		Add Remove
	. And the state of	÷ 10		AddRemove
D. If sm	ending any other info	ormation, enter change(a) here: (Attach additional sheets, if ne	ecessary.)
				TAL
				AUG I AUG I CRETAK LAHASS
Dated	01.29.	9 N J		ILED 12 M 8: ALTOPSTA SSEE, FLOR
	Gabriel Licko	-	r authorized representative of a member	DDA DDA
		, ypan o	. Irrinan maria or niGina	

Page 2 of 2

Filing Fee: \$25.00