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(Address)

(Address)

(City/State/Zip/Phone #)

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S. CHATHAM

OCT - 6 2022

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DIVISION OF CORPORATIONS
22 JUL 11 PM 3:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chance's Property Maintenance 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:

Chance Spano
Name of Person

Chance's Property Maintenance LLC
Firm/Company

10483 Clingman St
Address

Spring Hill FL 34608
City/State and Zip Code

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

For further information concerning this matter, please call:

Chance Spano at (727) 999-1746
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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**

Chance's Property Maintenance 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 4/11/2022 and assigned Florida document number L22000171236.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

10483 Clingman St
Spring hill FL 34608

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10483 Clingman St
Spring hill FL 34608

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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:

CHANCE SPANO

New Registered Office Address:

10483 Clingman St

Enter Florida street address

Spring hill
City

Florida

34608
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.


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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>CHANCE SPANO</u>	<u>10483 Clingman St</u>	<input checked="" type="checkbox"/> Add
		<u>Spring hill FL 34608</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>JOSEPH SPANO</u>	<u>1235 Bardahl Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Spring hill FL 34609</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>MONIKA BIKOWSKI</u>	<u>10483 Clingman St</u>	<input checked="" type="checkbox"/> Add
		<u>Spring hill FL 34608</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Patricia Spano</u>	<u>5330 Dove Dr</u>	<input checked="" type="checkbox"/> Add
		<u>New Port Richey FL 34652</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 30th, 2022

CHANCE SPANU

Typed or printed name of signee