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SECRETARY OF STAT

Y. SCOTT SEP 1 3 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 32 Mgintenance 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:
Ryan Randolph Page 7
3R Maintenance CLC 500 3
2830 4th Street NW PA 2
Naples, FL 34120 City/State and Zip Code
3 RMaintenance LLC Qonail, Con E-mail address: (to be used for future annual repernotification)
For further information concerning this matter, please call:
Ryan Randolph at (239 544-7121 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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

3 R Maintenance Lability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>62200033782</u> 7	were filed on $8-1-21$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	AS LLC
(Principal office address MUST BE A STREET ADDRESS)	NA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A A A A A A A A A A A A A A A A A A A
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 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
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			□Remove
			□Change
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	if other than this listed, the date n			-20-		> (optio	nal)	
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Filing Fee: \$25.00