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S. WARREN AUG 28 2017

COVER LETTER

TO:	Registration Se Division of Cor		et.	·
cun I		TENANCE LLE		
SUBJI	ECT:N	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub indence concerning this matter		
		JOHN HOWARD		
			Name of Person	
		HOWARD BOOKKEEPI	NG AND TAX SERIVECE	
		 	Firm/Company	
		P O BOX 21		
			Address	
		APALACHICOLA, FL 32	320	
			City/State and Zip Code	
		faithrealty@hotmail.com E-mail address: 0	to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	·	•
John I	Howard		850 653-6986 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
≘ \$2	5.00 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

C V MAINTENANCE LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compared Florida document number <u>£03000047197</u> .	y were filed on NOVEMBER 24, 2003	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
Muning undress MAT BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		r the same of the
egistered agent and/or the new registered vince address no	······································	6 2 8 F T T
Name of New Registered Agent:		
New Registered Office Address:		7
	Enter Florida street address	5 × 5
·	Florida	Zip Code
	X 44.5	ray a court

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MANOLO L VALENCIA	242 BROWNSVILLE RD, LOT 3	= Add
		APALACHICOLA, FL 32320	□ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove

Fective date, if other than the date of filing:						
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 605.0 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed becoment's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. AUGUST 28, Signature of a member or authorized representative of a member JOHN HOWARD BOOKKEEPER						
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Filing Fee: \$25.00