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Division of Corporations

Fax Number

: (850)617~6383

From:

Account Name : CHECKMATE

Account Number : I20030000146

Phone

: (941)366-1819

Fax Number

: (866)582-8258

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BRUNET MAINTENANCE SERVICE LLC

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EXAMINER

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COVER LETTER

Division of Co					
SUBJECT: BRUN	ET MAINTENANCE	SERVICE LLC		Г	
	(Name of Lin	nited Liability Company)		-	_
	-				
The enclosed Articles of	f Amendment and foc(s) are su	bmitted for filing.			
Please return all corresp	condence concerning this matter	r to the following:			
, .	STALEY				
•	+ 1	(Name of Person)	***************************************		
	CHECK MATE				
		(Firm/Company)			
	4411 BEE RIDGE ROAL) #257	<i>;</i>		
		(Address)	————— A	t _s ≥	
	SARASOTA, FL 34233		Ĺ	2008 SEP 19	4
		(City/State and Zip Code)	T A	T T	7
For further information	concerning this matter, please o	all:	1.7		
STALEY		et (941) 368-1819	5	AM IO: OF STA	
(Namo	of Person)	(Area Code & Daytime T		# 2	
Enclosed is a check for t	the following amount:				
2 \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Pee & Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy (additional cop	itotus &)

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

BRUNET MAINTENANCE SERVICE LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco d Liability Company)	nai-		
The Articles of Organization for this Limited Liability Compa	any were filed on _12/12/2003	and assigned		
Florida document number L03000054683				
This amendment is submitted to smend the following:				
A. If amending name, enter the new name of the limited li	ability company here:	7.5		
BRUNET CONSTRUCTION & MAINTENANCE SERVICE, L				
The new name must be distinguishable and end with the words "L.L.C."	united Liability Company," the design	mation "LECTOR the breviation		
Enter new principal offices address, if applicable:		SEX 9		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		> 10		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the new		
Name of New Registered Agent:		<u></u>		
New Registered Office Address:				
(Enter Florida street address)				
		rida		
•	(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 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.

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

MGR - Manager

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:

MGRM = Manag			
<u> Citle N</u>	aune	Address	Type of Action
			Add
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lated SEPTEMBE	R 19 , 2008	7	ZOOR SEP 19 AM 10:112 SECRETARY OF STATE TALLAMASSEE, FLORIDA
	Signature of externion	or authorized representative of a member	
	GERALD J. BRUNET	of numerical indicontaining or a simility	N N
	Typed (or printed name of signee	

Page 2 of 2

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