

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L0500000910**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CONTRACTORS REPORTING SERVICES, INC.  
Account Number : I2005000099  
Phone : (813)932-5244  
Fax Number : (813)932-3782

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

Email Address: sandy@activatemylicense.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COM-RES PROPERTY SERVICES LLC**

2018 NOV -6 PM 3:13

19 NOV -6 PM 8:35

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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NOV 07 2018**

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COM-RES PROPERTY SERVICES 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:

SANDY BONET  
Name of Person

CONTRACTORS REPORTING SERVICE INC  
Firm/Company

13795 N NEBRASKA AVE  
Address

TAMPA, FL 33613  
City/State and Zip Code

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

For further information concerning this matter, please call:

SANDY BONET at ( 813 ) 932-5244  
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 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

((H18000320108 3)))

COM-RES PROPERTY SERVICES 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 12/28/2004 and assigned Florida document number L05000000910

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

405 MAGNOLIA AVE SEFFNER, FL 33584

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 Changing Registered Agent, Signature of New Registered Agent

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D. If amending any other information, enter change(s) here: *Attach additional sheets, if necessary.*

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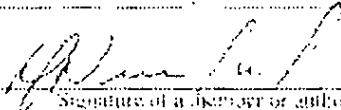


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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Use of effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.

Date: \_\_\_\_\_



Signature of a member or authorized representative of a member

*Owner Alex Plova*

Typed or printed name of signor