L05000090232

(Requestor's Name)		
(Address)		
(Address)	············	
(City/State/Zip/Phone #)		
<u> </u>	_	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of St	tatus	
Special Instructions to Filing Officer:		
A. LUNT		
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APR 21 2010		
EXAMINER		
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04/19/10--01013--003 **25.00

FALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Division of	on Section Corporations	
SUBJECT:	TOUCH PROPERTY MAINTENANCE LLC	
SUBJECT.	. Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all corr	respondence concerning this matter to the following:	
	EDWIN VELAZQUEZ	
	Name of Person	
	PRO TAX SERVICES INC	2010 APR 20 SECRETAR TALLAHASS
	Firm/Company	PR I
	1000 SAVAGE CT #104	C3 \$
	Address	
	LONGWOOD, FL 32750	PHI2: 27 OF STATE EF, FLORID
	City/State and Zip Code	
	PRO_TAX@BELLSOUTH.NET E-mail address: (to be used for future annual report notification	,,
For further informati	ion concerning this matter, please call:	,
Er	OWIN VELAZQUEZ at (407) 835	-9845
	at (407) 335- ame of Person Area Code & Daytime Tele	
Enclosed is a check	for the following amount:	
\$25.00 Filing Fee	e S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.	AILING ADDRESS: gistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314 Ciffon Building 2661 Executive Center (Tallahassee, FL 32301	s

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOUCH PROPERTY MAINTENANCE LLC

The Articles of Organization for this Limited Liability Company were filed on and and	assigned		
	U		
Florida document numberL0500090232	A*		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:			
A. If amending name, enter the new name of the limited liability company here:			
READY OPS LLC 资势	3		
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LEC" or the "L.L.C."	ne abbreviation		
Enter new principal offices address, if applicable:	<i>\</i>		
(Principal office address MUST BE A STREET ADDRESS) 100 EAST KENTUCKY AVE #A104	<u>-</u>		
DELAND, FL 32724	 -		
Enter new mailing address, if applicable:	· · ·		
(Mailing address MAY BE A POST OFFICE BOX) 100 EAST KENTUCKY AVE #A104			
DELAND, FL 32724	DELAND, FL 32724		
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:	e of the new		
Name of New Registered Agent: TAVLOS STEVENSON			
New Registered Office Address: 100 EAST KENTUCKY AVE #A104	100 EAST KENTUCKY AVE #A104		
Enter Florida street address			
DELAND, Florida 327	724		
City Zip C	ode		

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 Registered Agent, Signature of New Registered Agen

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TAMARA STEVENSON	18303 PLANTATION LAKES CIRCLE SANFORD, FL 32711	Add _ ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			2010 Add Por 20 1
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	Adden Remove 2:27
			- -
			_
Dated		nber or authorized representative of a member	
	Ty Ty	AVLOS STEVENSON ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I QUCH PR (Name of the Limited Li		MAINTENANC			
(A F	orida Limited L	iability Company)	s on our records.		
The Articles of Organization for this Limited Liab Florida document number		were filed on	09/15/2005	and assign	ned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liab	ility company hero	: :	75°	
	READY OF	PS LLC		2010 A	
The new name must be distinguishable and end with t "L.L.C."		ted Liability Compar	ny," the designation "	OF CONTROL P	previation
Enter new principal offices address, if applicab		100 EAST KE	NTUCKY AVE #		0
(Principal office address MUST BE A STREET.	<u>ADDKESS)</u>	DELAND, FL		21 27 21 27 21 21 1	
		DELAND, I L	32124	>	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX) 100 E			100 EAST KENTUCKY AVE #A104		
		DELAND, FL	32724	·····	
B. If amending the registered agent and/or registered agent and/or the new registered office			ur records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	TAVLOS ST	TEVENSON			
New Registered Office Address:	100 EAST KENTUCKY AVE #A104				
	Enter Florida street address				
		DELAND	, Florida	32724	
		City		Zip Code	
N. D. L. L. A. O. J. M. T. D.					

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 divises, 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. Hereby confirm that the limited liability company has been notified in writing of this change.

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Page 1 of 2

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MGR = Manager MGRM = Managing Member

<u> Title</u>	<u>Name</u>	Address	Type of Action
MGR_	TAMARA STEVENSON	18303 PLANTATION LAKES CIRCLE SANFORD, FL 32711	Add 7 Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	2010 APR 20 PM
 Dated		2010	D 12:27
	<u> </u>	nber or authorized representative of a member	
	Тур	AVLOS STEVENSON pod or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00