

LOS 0000 93726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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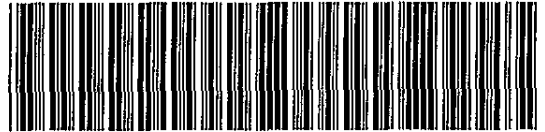
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** One Source Facility Maintenance 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:

Albert T. Bentley

(Name of Person)

One Source Facility Maintenance LLC

(Firm/Company)

5312 17th Ave S.W.

(Address)

Naples, Florida. 34116

(City/State and Zip Code)

For further information concerning this matter, please call:

Albert T. Bentley

(Name of Person)

at (

239

821-6321

(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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

One Source Facility Maintenance LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 9/23/2005 and assigned  
document number L05000093726.

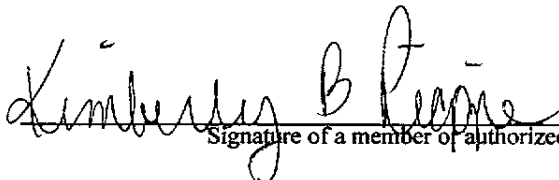
**SECOND:** This amendment is submitted to amend the following:

Please Change and add Albert T. Bentley as the managing member of One Source Facility Maintenance LLC.

Please add Craig Wolfe as a member of One Source Facility Maintenance LLC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November, 3, 2005.



Signature of a member or authorized representative of a member

Kimberly B. Riggie

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00