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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #)	
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2008 OCT 16 A II: 26 SECRETARY OF STATE ALLAHASSEE, FLORIDA

T. HAMPTON

OCT 1 7 2008

EYAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pierre Mascia General Maintenance & Remodeling 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:

D!---- #4---!-

	Pierre Mascia				
	(Name of Person)				
		(Firm/Company)			
		(гип/соправу)			
	2452 Blackbeard Dr.				
		(Address)			
	Jacksonville, FL 32224				
		(City/State and Zip Code)			
	concerning this matter, please o				
Pierre Mascia	^ ^ ^	at (407) 595-1782			
(Name	of Person)	(Area Code & Daytime T	elephone 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)	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

Pierre Mascia General Maintenance (Name of the Limited Lia	& Remodeling LLC bility Company as it now appears on rida Limited Liability Company)	our records.)	
(A Flo	rida Limited Liability Company)		
The Articles of Organization for this Limited Liabil	ity Company were filed on Decemb	per 06, 2005	_ and assigned
Florida document number 651268505 LUS	1000116479		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company here:		
M.P. Maintenance & Management, LLC		•	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company,"	the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)	· · · · · · · · · · · · · · · · · · ·	
		NLL SEC	2008
Enter new mailing address, if applicable:		AH	<u> </u>
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	TAR ASS	
		EE, Y	6
	——————————————————————————————————————	ان با در اند	D M
B. If amending the registered agent and/or r	registered office address on our	records, enter the	name of the new
registered agent and/or the new registered office	address here:	9m 1	}
Name of New Registered Agent:			
New Registered Office Address:			
(Enter Florida street addres.			ss)
_		, 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 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 Agent)

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:

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)) .
Dated Octob	per 09 , 2008	SECRETARY OF STATE TALLAHAS SEE, FLORIDA	
	Signature of a market	or or authorized representative of a member	
		or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00