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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

MANAGEMENT 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:

EDUARDO CASTRO

Name of Person PROFESSIONAL PROPERTY MANAGEMENT SERVICES, LLC. 7605 WEST 6 AVE E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Person at (784 763 - 7388)

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

PROFESSIONAL PROPERTY MANAGEMENT SERVICES, LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Lin	nited Liability Company)
The Articles of Organization for this Limited Liability Conficing document number 4 06 0000 32	npany were filed on 03/28/2006 and assigned 253
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limite	d liability company here:
PROFESSIONAL MAINTE	NANCE SERVICE, LLC.
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRE.)	745 N.W. 7th TERR. SSI SUNRISE, FL 33311
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7605 WEST 6 AVE HIALEAH, FL 33014
registered agent and/or the new registered office address	ARDO CASTRO Z ZZ Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Je	NRISE Florida 3371

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Manager MGRM = Managing Member **Type of Action** Title Name 1 **Address** MGRM ARCADIO DIAZ 7605 WGAVE Add

HIAZEAH, FZ. 33014 Remove Remove Remove Remove

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	EMAIL ADDIES : JOHNSANTAMARIA 2012 @ GMAIL. COM
-	
- Dated	JANUARY 22, 2013
	Effect Signature of a member or authorized representative of a member
	EDUARDO CASTRO Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00