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COVER LETTER

TO: Registration Section Division of Corpor		*	
SUBJECT: BAG	LAETT BUIL Name of Limi	DERS & MAIN Ted Liability Company	TENANCE OF FURIO
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	SH	EUY BARRA Name of Person	ETT
	BARRETT	BU', UDERS's M	MINTENANCE LLC
	8549 S	SEA CAPT Address	MIN Dr.
	STUAL	T 5 34 City/State and Zip Code	997
_	E-mail address: (b	SIDI @ GMQ o be used for future annual report notif	fication)
For further information conc	erning this matter, please ca	ll:	
SHEUY	BARETT	at (120 916 Area Code Daytime	7-3-10U e Telephone Number
Enclosed is a check for the fo	ollowing amount:	•	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	\$55.00 Filing Fee &	□ \$60.00 Filing Fee,

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MAINTENANCE OF FLORIDA LLC ed Liability Company as it now appears on our records. (A Florida Limited Liability Company)

	• • •		
The Articles of Organization for this Limited Liabi	ility Company were filed on 8/22/01/	and as	signed
/ 0/- 000	62. D.		0.6
Florida document number <u>LOGOO</u>	1837-03		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
BARRETT BUILDER	S: MAINTENAUCE	LLC	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the	e abbreviation "	L.L.C."
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)X)		
in a mining water case 1211 DE 111 OE 1 OI 110 DE			
B. If amending the registered agent and/or	registered office address on our records, ente	er the name	of the new
registered agent and/or the new registered office		<u> </u>	
		24.46 2.77	
Name of New Registered Agent:		ئ <u>ت</u> . بى	
		. 54.7	
New Registered Office Address:			* ÷
	Enter Florida street address	The said	e Fee
_	, Florida	,	a training
	City	Zip Code	-
New Registered Agent's Signature, if changing Reg	istered 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

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

MGR = Ma $AMBR = Au$	nnager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			·····
			Add
			Remove
			□ Add
			□ Remove
			Add
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			□ Remove

<u></u>	
	date, if other than the date of filing:
ne date this	document is filed by the Florida Department of State)
the date this	

Page 3 of 3

Filing Fee: \$25.00