L06 v/v/97268

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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EXAMINER



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04/30/12--01027--018 **25.00



COVER LETTER

Division of Cor	porations			
SUBJECT:	Simply The Best P	roperty Maintenance	LLC.	
		ted Liability Company		*
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		\$ \$\frac{2}{3}\$
Please return all correspon	ndence concerning this matter	to the following:		12 HPR 30 H 8: 13
		Matthew A. Cook		
	****	Name of Person		ÇQ.
	Simply The I	Best Property Maintenar	nce LLC.	(i)
		Firm/Company	,	
		12729 Sunland Ct.		
		Address		
		Tampa, Fl 33625		
		City/State and Zip Code		
	matthewco	ok@simplythebesttamp	a.com	
For further information co	oncerning this matter, please c	•	ionneaton	
Ma	tthew Cook	at (813)	952-7527	
Name of	Person		ytime Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclo		Status &

TO:

Registration Section

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

Simply The Best Property Maintenance LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 04, 2006 L06000097268 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Simply The Best Remodeling and Construction LLC. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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

March 27 , 2012 Signature of a member or authorized representative of a member	<u>tle</u>	Name	Address	Type of Action
		···		
Add Remove Add Add Add Remove Add Add Remove Add Add Add Remove Add Add		·····		
Remove Add Add Remove Add Remove Add Add Remove Add Add Remove Add Remove Add Remove Add Remove Add Remove Add Add Remove Add Add Remove Add	.			
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) atted March 27 , 2012 Signature of a member or authorized representative of a member				
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ated		**************************************		
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ated		 		Damaya
Signature of a member or authorized representative of a member	. If amen	ding any other information, enter chang		_
Signature of a member or authorized representative of a member				
Signature of a member or authorized representative of a member	_			
	ated	MAKEA	- Call	
MIGHLIGW A. COUR			Matthew A. Cook	

Page 2 of 2

Filing Fee: \$25.00