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SECRETANT OF STATE
ALLAHASSEE, FLORID

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COVER LETTER ____

Division of Corporations	
SUBJECT: MASTER PLANS 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:	
KILINA PACHECO	
(Name of Person)	
MASTER PLANS MAINTENANCE, LLC	
(Firm/Company)	
4.0.40.014.4.04.5.07.07.07.07.07	
14910 SW MONROE STREET	
(Address)	
INDIANTOWN, FL 34956	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
KILINA PACHECO at (772) 263-6102	•
(Name of Person) (Area Code & Daytime Telephor	ne Number)
Enclosed is a check for the following amount:	
	.00 Filing Fee,
Certificate of Status Certified Copy Certified	cate of Status &
	onal copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

MASTER PLANS MAINTENANCE, LLC

(Present Name)
(A Florida Limited Liability Company)



FIRST:	The Articles of Organization were filed on		
SECOND:	This amendment is submitted to amend the following:		
	ARTICLE IV - Amended to correct the spelling of the last name of the registered agent to Kilina Pacheco. I accept the appointment as registered agent and		
	agree to act in this capacity.		
	Article V - Amended to correct the spelling of the managing member to Kilina Pacheco.		
Dated	11/6/80 , <u>2006</u> .		
	Signature of a member of a member		
	KILINA PACHECO Typed or printed name of signes		

Filing Fee: \$25.00