

LO7-000019627

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H16000039811 3)))



H160000398113ABC\$

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*RE-SUBMIT\***

Please retain original filing date of submission 2/16

16 FEB 18 PM 5:52

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BRICKMAN FACILITY SOLUTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	056
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\*  
Please File 2nd after  
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2016 FEB 17 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



February 17, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BRICKMAN FACILITY SOLUTIONS LLC  
2275 RESEARCH BLVD. STE 600  
ROCKVILLE, MD 20850US

SUBJECT: BRICKMAN FACILITY SOLUTIONS LLC  
REF: L07000019627

**\*RE-SUBMIT\***  
Please retain original filing  
date of submission 2/16

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "limited liability company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L15000190553 BRIGHTVIEW ENTERPRISE SOLUTIONS, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

FAX Aud. #: H16000039811  
Letter Number: 316A00003261

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016 FEB 17 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Brickman Facility Solutions 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:

Carolyn Silva

\_\_\_\_\_  
Name of Person

The Brickman Group

\_\_\_\_\_  
Firm/Company

2275 Research Group, 6th Floor

\_\_\_\_\_  
Address

Rockville, MD 20850

\_\_\_\_\_  
City/State and Zip Code

Carolyn.silva@brickmangroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Silva

240

683-2016

\_\_\_\_\_  
Name of Person

at ( )

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

Brickman Facility Solutions 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 February 20, 2007 and assigned  
Florida document number L07000019627

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BrightView Enterprise Solutions, LLC

The new name must be distinguishable and contain 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16 FEB 16 AM 11:52  
TAMPA FLORIDA

**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

\_\_\_\_\_, 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

6 FEB 16 11:52 AM  
STATE OF FLORIDA  
TALLAHASSEE



**BRICKMAN**  
*Enhancing the American Landscape Since 1939*

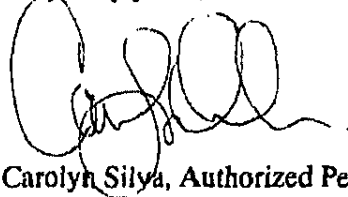
February 18, 2016

To Whom It May Concern,

My name is Carolyn Silva, and I am an authorized person for Brightview Enterprise Solutions, LLC and Brightview Landscape Services, Inc., and I state that they will not use their name in the future.

Please do not hesitate to reach out with additional questions or concerns.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Carolyn Silva', written over a faint circular stamp or watermark.

Carolyn Silva, Authorized Person