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2020 SEP 14 PH 4: 1

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COVER LETTER

Division of Co	rporations				
	AINTANEX LLC				
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	PATRI	ICIA RODRIGUEZ			
		Name of Person			
	MAINTANEX LLC				
		Firm/Company			
	1765 SE FLORESTA DRIVE				
		Address			
	PORT SA	INT LUCIE, FL 34983			
		City/State and Zip Code			
		\ROZA@GMAIL.COM			
	h-mail address: (to be used for future annual report notifi	cation)		
For further information (concerning this matter, please co	all:		202 350 Ta	
PATI	RICIA RODRIGUEZ	954 383-9328 at()		O SEI	
Name (of Person	Area Code Daytime	Telephone Number	2020 SEP 14 PH	, 100 144 1
Enclosed is a check for t	the following amount:		; ; 	•	5
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified C	of Status &	

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

	MAINTANEX	CLLC			
(Name of the Limite	d Liability Compa A Florida Limited	any as it now appears on our i Liability Company)	records.)		
The Articles of Organization for this Limited Lia Florida document number	ability Company	y were filed on <u>04/02/2007</u>		_ and assi	gned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
N/A					
The new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the designation	"LLC" or the abbre	viation "L.I	C."
Enter new principal offices address, if applica	NA				
(Principal office address MUST BE A STREE	T ADDRESS)				·
Enter new mailing address, if applicable:		NA	ĨĀ	2020	
(Mailing address MAY BE A POST OFFICE BOX)			<u>├</u> .í ;:	. EF	
			35-	<u>-</u> _	
			: 10 m	_ <u>~</u> ;]
B. If amending the registered agent and/or the new registered of			ecords, <u>enter th</u>	e name e	of the ne
Name of New Registered Agent:	RENE NA	TAREN VALLADARES			
New Registered Office Address:	1765 SE F	LORESTA DRIVE			
		Enter Florida street	address		
	PORT SAI	INT LUCIE	, Florida	3	
		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.

F 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 for removed from our records:

MGR = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VICE	RENE NATAREN VALLADARES	1765 SE FLORESTA DR	= Add
		PORT SAINT LUCIE, FL 34983	Remove
			Change
			
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
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			Remove
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		r than the da		:	BER 10, 2020		(optional	l) g.) Pursuant to 605.	0207
<u> Sote:</u> If th	he date insert		does not m	eet the applic	able statutory			e will not be liste	
		a delayed ef er the record		ate, but no	t an effecti	ive time, a	: 12:01 a.m	. on the earlie	er of
Sated S	SEPTEMBEI	₹ 10		2020					
	X								
						tative of a men			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00