

LO8000035322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N: 00112008 SEP 12 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2008

NAIOMI E. SOTO
2964 WHITE CEDAR CIRCLE
KISSIMMEE, FL 34741

SUBJECT: COMPLETE PRO MAINTENANCE, LLC
Ref. Number: L08000035322

We have received your document for COMPLETE PRO MAINTENANCE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 508A00048502

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Complete Pro 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:

Naomi E. Soto
(Name of Person)

Complete Pro Maintenance, LLC
(Firm/Company)

2964 White Cedar Circle
(Address)

Lacissimmee, FL 34741
(City/State and Zip Code)

For further information concerning this matter, please call:

Naomi E. Soto at (407) 744-0800 / 321-287-0060
(Name of Person) (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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Complete Pro 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 4/7/2008 and assigned
Florida document number LO8000035322

This amendment is submitted to amend the following:

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

- NA -

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:

- NA -

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

- NA -

(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:

- NA - Stay's The Same

New Registered Office Address:

- NA -

(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 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.

(If Changing Registered Agent, Signature of New Registered Agent)

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

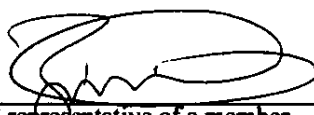
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Naomi E. Soto	2964 White Cedar Circle Kissimmee FL 34741	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Brian C. Nolan	2964 White Cedar Circle Kissimmee, FL 34741	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Brian C. Nolan	2964 White Cedar Circle Kissimmee, FL 34741	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE FLORIDA

Dated _____, _____


Signature of a member or authorized representative of a member
Brian C. Nolan
Typed or printed name of signee