L08000044720

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	···-
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	Name of Lirr	nited Liability Company	
Mailing Address: Registration Section Street Address: Registration Section			
Please return all correspo	ondence concerning this matter	to the following:	
	Kellie Davidson		
		Name of Person	
	Central Florida Maintenan	ice Solutions, LLC	
	-	Firm/Company	
	5217 Tuscawilla Dr.		
		Address	
	Weeki Wachee FL 34607		
		City/State and Zip Code	·
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Kellie Davidson		352 585-2123	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
			ction
		Division of Cor	porations
P.O. Box 632	-	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Central Florida Maintenance Soft		
(Name of the Lin	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	Liability Company were filed on 05 / 09 / 2008	and assigned
Florida document number L08000046720	·	
This amendment is submitted to amend the fo	liowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
	E POVI	
Mailing address MAY BE A POST OFFICE	E BUAJ	
D. If amonding the registered agent and/or	registered office address on our records, enter the nan	ne of the new regist
s. It amending the registered agent and/or egent and/or the new registered office addr	ress here:	e of the new regist
		¹ :
Name of New Registered Agent:	James Case Davidson	· ·
rante of the winegments, ogent.		
New Registered Office Address:	Enter Florida street address	155
	Enter Florida Mreet address	'.У сл
	Florida	Ü۱
	Cirv	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.

W 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>	Address	Type of Action
AMBR	James Case Davidson	3272 Beaver Ave Sprimg Hill, FL. 34609	
			□Remove
			□Change
			□Add
			□Remove
			🗀 Add
			□Remove
			□ Change
			□Add
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an effec ote: Ti	the date, if other than the date of filing:	
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
ated _	laur I Kail	
	Signature of a member or authorized representative of a member	
	1/ James S. Davidson	