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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE
JUL 2 0 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Miles of Maintenance CLC 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:			
Mathew Miller Name of Person Miles of maintenance LLC Firm/Company			
Brandon FL 33510 City/State and Zip Code E-mail address: (to be used for future annual report notification)	SECRETARY OF STATE TALLAHASSEE, FLORIDA	09 JUL 17 P	
For further information concerning this matter, please call:	F STAT	PH 4: 2	Ö
Matthew Miller at (813) 493-4220 Name of Person Area Code & Daytime Telephone Number		F	
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \] \$30.00 Filing Fee \$\text{Certificate of Status} \] \$55.00 Filing Fee \$\text{Certified Copy} \\ (additional copy is enclosed) \] \$60.00 Filing Fee \$\text{Certified Copy} \\ (additional copy is enclosed) \] \$40.00 Filing Fee \$\text{Certified Copy} \\ (additional copy is enclosed) \]	te of Sta Copy		osed)
MAILING ADDRESS: STREET/COURIER ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Coton math	hew maintan	ce Services LLC			
(Name of the Limited Lia (A Flo	bility Company as it now appeared Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liabil Florida document number		clober 3 and assigned			
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :			
The new name must be distinguishable and end with the "L.L.C."		any," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable	<u> </u>				
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or re	egistered office address on	our records, enter the mame of the new			
registered agent and/or the new registered office	address here:	24 ATE RIDA			
Name of New Registered Agent:					
New Registered Office Address:	Eı	ter 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 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
•			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necesso	12 TAFECTIATAR
			T PH 4:24
Dated	, , , , , , , , , , , , , , , , , , ,	·	
	·	er or authorized representative of a member	
	Туре	d or printed name of signee	-

Page 2 of 2

Filing Fee: \$25.00