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OCT 28 2008

EXAMINER



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10/27/08--01027--010 **25.00

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DIVISION OF CORPORATION

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: Municipa	I Facility Maintena (Name of Lim	nce Services, LLC ited Liability Company)		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Taylor M. Smith			
		(Name of Person)		
Project Finance & Development, Inc. (Firm/Company)				
		(, min company)	•	
	1819 Goodwin Street	(Address)		
	lookoonvillo Elorido 222	04		
	Jacksonville, Florida 322	(City/State and Zip Code)		
	cerning this matter, please c	all·		
To rature information cor	beining this matter, prease of	•		
Taylor M. Smith at (904) 388-4148 (Name of Person) (Area Code & Day		at (904) 388-4148 (Area Code & Daytime Te	elenhone Number)	
Ç and C	,	(
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)	
Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Municipal Facility Maintenance Services, (Name of the Limited Liability (A Florida	, LLC ty Company as it now appears on our r Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Florida document number L08000100012	Company were filed on 10-23-08	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADD	RESS)	
		30 8 0C
		77 2 X 07 A
Enter new mailing address, if applicable:	 	7 0.7
(Mailing address MAY BE A POST OFFICE BOX)		2 200
		:
		7 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the nev
registered agent and/or the new registered office add	diess nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florid	da 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> **Address** Type of Action MGR SPH, LLC 1788 North Loop Pkwy ■ Add St.Augustine, FL 32095 Remove MGR SPH Consulting, LLC 1788 North Loop Pkwy ₽ 🗸 Add St Augustine, FL 32095 Remove Remove ___ Add Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 24 2008 Signature of a miniber or authorized representative of a member TAYLOR M. SMITH
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00