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Special Instructions to I	Filing Officer:
	A. LUNT
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	EXAMINER

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CT: PEACE IF MIND VACLE MINTENINCE, LLC Name of Limited Liability Company	
The enc	losed Articles of Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	BYEH RO-C(S) Name of Person	
	Firm/Company	·
	5200 SW 10th A.	
	Pluntation, FL 33317	MAY 3 I
	City/State and Zip Code  WYOCSS WATMALL . WM  E-mail address: (to be used for future annual report notification)	PH 4:
For furtl	ner information concerning this matter, please call:	
<del></del>	Name of Person at (239), 770 - 5345  Area Code & Daytime Telephone Number	
	d is a check for the following amount:	
<b>\$25.</b> 0	(additional copy is enclosed) Certified	e or Status &
	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

teace of Mind Includ	Maintenance, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Companies Florida document number	Lord 2 7xx	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia  PENCE H MIM OCH SELVICES L  The new name must be distinguishable and end with the words Lin	LC	
"L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	5200 SW 10th A Plantation, FL 335	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	same as above	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ter the name of the new
Name of New Registered Agent:  New Registered Office Address:	d ru loth of.	
N.	Enter Florida street	address
<u>\/\</u>	HCHION, Florida	. 35317
	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

Page 1 of 2

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

<u>le</u>	<u>Name</u>	Address	Type of Action
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<del></del>			Add Remove
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Filing Fee: \$25.00