

L09000036801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

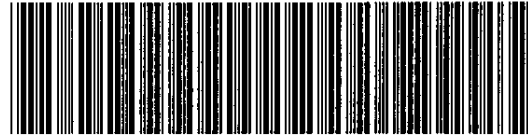
Special Instructions to Filing Officer:

**A. LUNT**

SEP 28 2011

**EXAMINER**

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TALLAHASSEE, FLORIDA

2011 SEP 27 PM 3:01

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**ROBERT KIT KOREY, P.A.**  
**KOREY, SWEET, MCKINNON & SIMPSON**  
Attorney and Counselors at Law

Robert Kit Korey, P.A.  
Jeffrey C. Sweet  
Noah C. McKinnon, Jr., P.A.  
Scott E. Simpson, P.A.  
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R. Kevin Korey  
Adam K. Dunn

Suite A, Granada Oaks Professional Building  
595 West Granada Boulevard  
Ormond Beach, Florida 32174  
Telephone (386)677-3431  
Telefax (386)673-0748

September 26, 2011

Florida Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

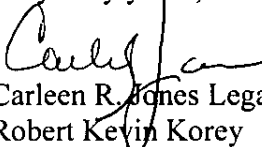
Re: Complete Property Maintenance Specialists LLC  
Articles of Amendment

Dear Sir:

Please find our check in the amount of \$25.00 to cover the fee for filing the enclosed Articles of Amendment to Articles of Organization of Complete Property Maintenance Specialists, LLC.

Should you have any questions or concerning prior to filing the enclosed please do not hesitate to contact me.

Very truly yours,

  
Carleen R. Jones Legal Assistant to  
Robert Kevin Korey

RKK/cj

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Complete Property Maintenance Specialists, 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:

R. Kevin Korey

Name of Person

Robert Kit Korey, PA

Firm/Company

595 W. Granada Blvd., Ste. A

Address

Ormond Beach, FL 32174

City/State and Zip Code

kevin@koreylawpa.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

R. Kevin Korey

Name of Person

at ( 386 )

677-3431

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**

Complete Property Maintenance Specialists, 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 4/16/2009 and assigned  
Florida document number L09000036801.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

912 S. Nova Road

Ormond Beach, FL 32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

912 S. Nova Road

Ormond Beach, FL 32174

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**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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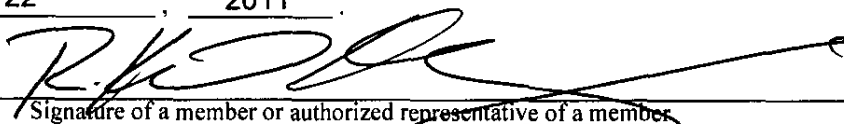


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Dated September 22, 2011



Signature of a member or authorized representative of a member

R. Kevin Korey

Typed or printed name of signee