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FILED 09 NOV -9 PM 2: 36 SECRETARY OF STATE TALLAHASSEE, FLORID

to see .

D. BRUCE

NOV 1 0 2009

EXAMINER

COVER LETTER

Division of C				
SUBJECT:	Florida Fac	ility Services, LLC		
	······································	ted Liability Company		
,	of Amendment and fee(s) are sub			
Please return all corres	pondence concerning this matter	to the following:		
		Kevin French		_
		Name of Person		
	Flori	da Facility Services, LLC	· · · · · · · · · · · · · · · · · · ·	•
		Firm/Company		-
	2910	Kerry Forest Parkway D	4	
		Address	<u>·</u>	<u>.</u>
	Т.	allahassee, FL 32309		A.
		City/State and Zip Code		O9 NOV
	E-mail address: ()	evinf@floirdafs.com to be used for future annual report n	otification)	
For further information	n concerning this matter, please of	•	-	SEE. FL
,	Karin Franch	050		PH 2:
	Kevin French of Person	at (<u>850</u>) Area Code & Day	551-0014 rtime Telephone Numbe	_ _
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 enclo	sed) Certifie	ate of Status &
	LING ADDRESS:	STREET/COU	VRIER 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

Florida	<u> Facility Services, LL0</u>	<u> </u>	
(<u>Name of the Limited Lial</u> (A Flor	pility Company as it now appeared Limited Liability Company)	rs on our records.)	
•	,		
The Articles of Organization for this Limited Liabili	ty Company were filed on	06/22/09	and assigned
Florida document numberL0900060726	<u>3</u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET AL	DDRESS)		~
Enter new mailing address, if applicable:			F/1
(Mailing address MAY BE A POST OFFICE BOX			2 11 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	
			r wan
_	City	, Florida	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 = Manager

MGRM = Managing Member **Title** Name **Address Type of Action** MGMR Kevin French **✓** Add 6632 Kingman Trail Tallahassee FL 32309 Remove Drew Robertson MGMR 713 Beard Street ✓ Add Remove Tallahassee FL 32303 MGR Kevin French 6632 Kingman Trail ☐ Add Tallahassee FL 32309 **▼** Remove Drew Robertson MGR 713 Beard Street Add Tallahassee FL 32303 ✓ Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 5 Dated . Signature of a member authorized representative of a member **Drew Robertson** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00