L09000060726

(Re	questor's Name)	
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COVER LETTER

TO: Registration Section'
Division of Corporations

_{...} Florida Facility Services, 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:

Tina Robertson

Name of Person

Florida Facility Services, LLC

Firm/Company

2910 Kerry Forest Pkwy, D4-193

Address

Tallahassee, FL 32309

City/State and Zip Code

drew@floridafs.com

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

For further information concerning this matter, please call:

Tina Robertson

at (850) 222-0337

Name of Person

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

Florida Facility Services, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears or rida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabi Florida document number L09000060726	ity Company were filed on 06/22	2/2009 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	•
N/A		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e: <u>N/A</u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	N/A	02 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
	Enter	Florida street address
-	City	, Florida
	City	zip couc

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

Title	Name	Address	Type of Action
MGRM	Drew Robertson	713 Beard Street	Add
		Tallahassee, FL 32303	Remove
		•	Add Remove
			Add Remove
		AHASSEE FLORIDA	Add Add
		19-	-
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			Remove

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Please change the address for	MGRM Tina Robertson to : 2910 Kerry Forest Pkwy, D4-193, Tallahassee FL 32309
Please change the address for	MGRM Kevin French to : 2910 Kerry Forest Pkwy, D4-193, Tallahassee FL 32309
Please change the address for	MGRM Nicole French to : 2910 Kerry Forest Pkwy, D4-193, Tallahassee FL 32309
January 23	, <u>2013</u>
	ma Robertson; gnature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00