LOADODOSADI

| (Requestor's Name) | | | | |
|---|------------------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT | MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of S | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
| 'AUG 1 5 2013 L. SELLERS | | | | |

Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: Registration Division of C | Section Corporations | | |
|--------------------------------|---|--|---|
| SUBJECT: | ME GENEVATION Name of Limite | n Complete Production Company | operty services, |
| The enclosed Articles | of Amendment and fee(s) are subr | nitted for filing. | |
| Please return all corre | spondence concerning this matter t | o the following: | |
| | Victor | Mame of Person | |
| | III-benerat | 7.m Complete. | Property Services |
| | 128 Eth | Address | |
| | west P | alm Bah. Fl. City/State and Zip Code | 33415 |
| | VM OPER C E-mail address: (to | 10 ayrail " Com be used for future annual report notificati | ion) |
| For further information | n concerning this matter, please ca | II: | |
| Victo | (Lopez | at (OU) 255-0 | 7420 |
| Nam | e of Person | Area Code & Daytime Te | elephone Number |
| Enclosed is a check fo | r 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

| | uplete | Property | Services, LA |
|---|--|-------------------------|--|
| (<u>Name of the Limited Liability C</u> (A Florida Lim | ompany as it now a nited Liability Comp | any) | |
| The Articles of Organization for this Limited Liability Con Florida document number | npany were filed or | 1 7/8/09 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited Third General 50 The new name must be distinguishable and end with the words "L.L.C." | Complete | Property | SCVVICES 2. L "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | Sauc | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | | |
| , | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office addres | ed office address s here: | on our records, enter | the name of the new |
| Name of New Registered Agent: | | · | |
| New Registered Office Address: | | | |
| | • | Enter Florida street ad | ldress |
| | | , 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 ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-----------|--|
| _ | |
| _ | |
| _ | |
| - | |
| ated | |
| | 1 leste MIN |
| | Signature of a metable or authorized representative of a member Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00