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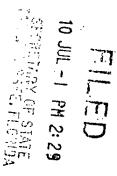
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D. BRUCE
JUL 0 2 2010
EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	A. [- MAi] Name of Limit	VIENANCE and ted Liability Company	SERVICES LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	NOEL 1	Name of Person	
	N.A.F MA	Firm/Company	SGRUICES LLC
	4920 NW	83nd TGM Address	
	MF/10mm E-mail address: (1	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	SI Cam
For further information co	oncerning this matter, please c	all:	2:29 15:39E
Name o	f Person	at ()Area Code & Daytime	Telephone Number
Enclosed is a check for the	ne 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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rig County Drain and S  (Name of the Limited Liability Compa	Dewage LLC
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>タの以んりるり</u> .	y were filed on 07 17 09 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
M. A. F. Maintenance and Serv The new name must be distinguishable and end with the words "Limi	
"L.L.C."	
Enter new principal offices address, if applicable:	4920 NW 831d TERR
(Principal office address MUST BE A STREET ADDRESS)	Ft. Lauderdale Fl. 33351
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	22 Z
	- F. Va
B. If amending the registered agent and/or registered off	
registered agent and/or the new registered office address here	œ:
	·
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 **Type of Action Title** <u>Name</u> **Address** ∏ Add Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Onake and Repair Drainage and Severge Install -Trap, Replace and Reseat W/C Replace Outlet Wall Signature of a member or authorized representative of a member NOEL FRANCIS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00