

LD9000073353

DAVID South  
1840 NW 26 Ave  
P. Auderdale  
FL 33311

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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**L. SELLERS**

SEP 15 2009

**EXAMINER**

Office Use Only



400159188464

09/10/09--01002--013 \*\*30.00

08/11/09--01004--002 \*\*25.00

FILED  
09 SEP 11 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2009

DAVID SOUTH  
1840 NW 26 AVENUE  
FORT LAUDERDALE, FL 33311

Ref. Number: 400159188464

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide your document number on line A of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 709A00027536

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

South Carpet cleaning and Maintenance service  
(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 7/30/2009 and assigned  
Florida document number LO900007353

This amendment is submitted to amend the following:

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

Spady Maintenance Service LLC  
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)

1840 NW 26 Ave  
Fort Lauderdale, FL 33311

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1840 NW 26 Ave  
Fort Lauderdale, FL 33311

**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

**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**

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TALLAHASSEE, FLORIDA

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>   |
|--------------|--------------|--|---|
| MGR          | DAVID South  | 1840 NW 26 Ave<br>Port Lauderdale FL 33311 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Newton South | 1840 NW 26 Ave<br>Port Lauderdale FL 33311 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |              |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |              |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |              |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |              |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 20, 2009.

  
Signature of a member or authorized representative of a member

DAVID South

Typed or printed name of signee

Page 2 of 2

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