

L09000107735

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2011 MAR 15 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 16 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

S + J maintenance, 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:

Ebony DUKES

Name of Person

S + J Maintenance

Firm/Company

P.O. Box 541348

Address

OPA-LOCCA

Miami, FL, 33054

City/State and Zip Code

businesswoman204@hotmail.com

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

For further information concerning this matter, please call:

Ebony DUKES

Name of Person

at (786) 273-8579

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**

FILED

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S+J Maintenance, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11-06-2009 and assigned Florida document number L09000107735.

This amendment is submitted to amend the following:

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

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)

1235 fisherman St
Miami, FL Dpa-Locke, FL 33054

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 541348
Dpa-Locke, FL 33054

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:

Ebony Dukes

New Registered Office Address:

1235 fisherman St

Enter Florida street address

Miami Dpa-Locke, Florida 33054
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.

Ebony Dukes

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SMITH, SEAN	1235 Fisherman St Opq-Locka, FL 33054	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FLAG, Julius	1235 Fisherman St Opq-Locka, FL 33054	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DUKES, Ebony	1235 Fisherman St Miami, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FLAG, Nancy	1235 Fisherman St Opq-Locka, FL 33054	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 2/3/11 FEB 2, 2011

Ebony DUKES

Signature of a member or authorized representative of a member

Ebony DUKES

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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