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TO JAN 15 PM 3: 30
SECRETARY OF STATE
AFFARSSEE, FLORIDA

J. BRYAN

JAN 1 9 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Asinting Maintenance Group 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:
Teffey S. March Name of Person
Abointing Maintenance Group
5au Chestout Dr. Address
Jachsonville FL 38808 City/State and Zip Code
Unarsh_330 yah oo com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leffrey Marsh Name of Person at 395) 370-2900 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$ \$55.00 Filing Fee \$\times \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$260.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section :

TO:

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 ARTICLES OF ORGANIZATION OF

Ajointing Mantance	e Group IIC ompany as it now appears on our records.)		
(A Florida Lim	nited Liability Company)		
The Articles of Organization for this Limited Liability Com Florida document number L100000 3586.	npany were filed on <u>January 8th</u> and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" of the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	SS SS TO		
Enter new mailing address, if applicable:	STATE ORID		
(Mailing address MAY BE A POST OFFICE BOX)			
(Mutting address MAT BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> ss here:		
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGB	Jeffrey Marsh	5au Chestnut Dr. Jocksonville Fl. 3aaos	Add Remove
			Add Remove
			Add Remove
			Add Remove
	···		Add Remove
	<u> </u>		Add Remove
D. If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if neces	7700
			FILED 10 JAN 15 PH 3: 30 SECRETARY OF STATE ALLAHASSEE, FLORID
Dated	Signature of a me	ember or authorized representative of a member	**************************************
	JEFFREY	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00