

L10000026233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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S.C.

3/17/2021

I accept and am familiar with the obligations of the position of Registered Agent. Please feel free to contact me at (727) 228-2789 if you have any questions.

Thank you.

A handwritten signature in cursive script, reading "Michael Pompeo", is written over a horizontal line.

Michael Pompeo

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CLERK OF COURT

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alliance Property Maintenance Solutions, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heaven Rohling  
Name of Person

Alliance Property Maintenance Solutions, LLC  
Firm/Company

12800 Indian Rocks Road, Suite 1  
Address

hargo, FL 33779  
City/State and Zip Code

apms.lynn@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heaven Rohling at ( 727 ) 228-2789  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Alliance Property Maintenance Solutions, LLC  
(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 3/9/2010 and assigned  
Florida document number L10000026233

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 contain 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)

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

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Michael Pompeo

New Registered Office Address:

4

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 605, 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.*

Michael Pompeo

**If Changing Registered Agent, Signature of New Registered Agent**

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Steven Leonard	12800 Indian Rocks Rd, Suite 1	<input type="checkbox"/> Add
		Largo FL 33774	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
NGR AMBR	Michael Pompeo	12800 Indian Rocks Rd	<input checked="" type="checkbox"/> Add
		Suite 1	<input type="checkbox"/> Remove
		Largo FL 33774	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DADE COUNTY, FLORIDA

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

Blank lines for amending information.

E. Effective date, if other than the date of filing: 03/22/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Mar 12, 2021

Michael Pompeo

Signature of a member or authorized representative of a member

Michael Pompeo

Typed or printed name of signee

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