10000+5854

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Pfione #)				
PICK-UP WAIT MA	ИL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

MAY 182010

EXAMINER



800180622598

05/17/10--01012--007 **25.00

10 MAY 17 AM 7: 13

DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: PVTEN Home Repair & 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:				
Nigel L Williams Name of Person				
PVTEN Home Repair & maintenance				
1/80 NW 155 Cang APT 108				
Miami, PC, 33/69 City/State and Zip Code				
SNIBU 940 @ Up+ moul I-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ngel Williams at 186 263-1686 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \times \text{Solutions} \text{Solutions} \text{Fee} \text{Solutions} \text{Solutions} \text{Filing Fee} \text{Solutions} \text{Solutions} \text{Filing Fee} \text{Solutions} \text{Solutions} \text{Filing Fee} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy}				

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _______________________________ and assigned Florida document number <u>45854</u> 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) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR ≐ Manager

MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action		
<u>MGRM</u>	Patricia A young	1180 NW 155 lane APTIOR Mrain PL 33/69	Add Add Add		
<u>MGRM</u>	Tejay T Williams	1186 NW 155 lang 1991 108	Add Remove		
<u>MGR</u>	Davalyn O Tuft	23.75 NW 180 Terr Miani R 33.056	Add Remove		
			Add Remove		
	·		: Add Remove		
			Add Remove		
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)			
			_		
_			-		
Dated	may, 13, 201	<u>D</u> .			
	Nigel William				
	I yped (or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00