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11 SEP 19 PM 1:52

EXAMINER
SEP 2 0 2011

COVER LETTER

Division of Co	rporations					
SUBJECT:	DESIGN MAINTENANCE LLC					
<u></u>	Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.					
Please return all corresp	condence concerning this matter to the following:					
	Lourdes Torres					
	Name of Person					
Carlos de la Osa, CPA., P.A						
Firm/Company						
	267 Minorca Avenue #200					
	Address					
	Coral Gables, FL 33134					
City/State and Zip Code						
lourdes@delaosacpa.com E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please call:					
	ourdes Torres at (305) 273-1040 of Person Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

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·TO:

'Registration Section

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
11 SEP 19 PM 1:50
TALLAHASSEE FIRE

DESIGN MAIN	ITENANCE LL	<u>C</u>	MASSEE, FLORIDA
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appear Liability Company)	s on our records.)	S WINDA
The Articles of Organization for this Limited Liability Compar	ny were filed on	4-29-2010	and assigned
Florida document numberL10000046288			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :	
N	/ A		
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	N/A		
(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 or registered agent and/or the new registered office address he		ur records, <u>enter t</u>	the name of the new
egistered agent and/or the new registered office address no			
Name of New Registered Agent: N/A			
New Registered Office Address:			
	Ent	er Florida street ada	ress

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGR ROSA MIRABEN ☐ Add ☑ Remove 12200 S.W.100 STREET MIAMI, FL 33186____ **ROSA MIRABEN** ✓ Add ☐ Remove MGRM 12200 S.W. 100 STREET MIAMI, FL 33186 _____ MGR DAVID HERRERA 13710 SW 145 COURT ✓ Add MIAMI, FL 33186 Remove Remove □Add Remove ∏Add ____Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9/16 . 2011 Signature of a member or authorized representative of a member David Herrera Typed or printed name of signee

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Filing Fee: \$25.00