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**EXAMINER** 



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MONTGOMERY MAINTENAME 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:
LINDSAY N. CARTER-MOUTGOMERY
MOUTEOMERY MAINTENANCE LLC Firm/Company
5700 BRITANNIA DR.
SARASOTA, FL 34231
I NCMONTOMERY & COMCAST. NET
City/State and Zip Code 2007  LNCMONTGOMERY & COMCAST, NET  MAIL CONFIRMADIAN LNCMONTGOMERY 2009 & COMCAST, NET  For further information concerning this matter, please call:
LINDSAYN CANTER MONTE MER Jat (941), 586-5698  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} \text{\$\sum_{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \$\sum_{\$00.00 Filing Fee, Certified Copy (additional copy is enclo

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

MONTGOMER 4 Linking (Name of the Limited Liability (A Florida	AINT ity Company as a Limited Liabil	ENAUCE it now appears on ity Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number 110000	Company wer	e filed on Ol	0/2011	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability	company here:			
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited I	iability Company,"	the designation "LL	C" or the a	abbreviation
Enter new principal offices address, if applicable:	_			· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)				(한 <b>2</b>	
	_		HASSEE	UN 18 P	Landon 7 Landon 7 Landon 8
Enter new mailing address, if applicable:	_		-	भ <b>व्य</b>	
(Mailing address MAY BE A POST OFFICE BOX)				<u>57</u>	**Constitution of the constitution of the cons
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office ddress here:	address on our 1	records, <u>enter th</u>	e name (	of the new
Name of New Registered Agent:	INDSA'	Y N. CAI	RTER-N	OUT	50MER
New Registered Office Address:	> 400 K	MITAM	IA DR	ر	
	SARA	SONA	ilorida street addre	Zip Code	23/

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 Yew Registered Agent

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Name</u> **Address Type of Action** MICHAEL MONTHOMERY NDSAYN CARTER-MONTGOMERY Remove AGENT MICHAEL MONTHOMER INDIAY NCARTER-MONTGOMERY □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00