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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

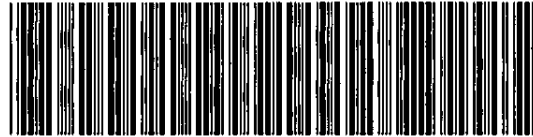
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN -9 AM 11:43

FILED

N. Gulligan JUN 12 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

Montgomery Maintenance LLC

SUBJECT: _____
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:

Michael Montgomery and/or Lindsay Carter-Montgomery

Name of Person

Montgomery Maintenance LLC

Firm/Company

14206 Sundial Pl

Address

Lakewood Ranch, FL 34202-5885

City/State and Zip Code

michael@montgomerymaintenance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsay Carter-Montgomery

941

5865698

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

TO
ARTICLES OF ORGANIZATION
OF

FILED

2014 JUN -9 AM 11: 43

Montgomery Maintenance LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 10, 2011 and assigned
Florida document number L11000003360

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)

14206 Sundial PI

Lakewood Ranch, Fl

34202-5885

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14206 Sundial PL

Lakewood Ranch, Fl

34202-5885

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:

14206 Sundial PI

Enter Florida street address

Lakewood Ranch

Florida

34202-5885

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 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.

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

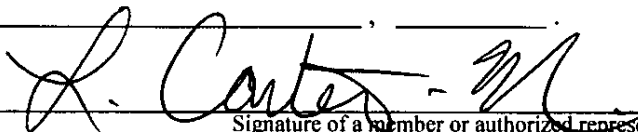
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Montgomery	14206 Sundial PI	<input checked="" type="checkbox"/> Add
		Lakewood Ranch, FI	<input type="checkbox"/> Remove
		34202-5885	
MGR	Lindsay Carter-Montgomery	14206 Sundial PI	<input checked="" type="checkbox"/> Add
		Lakewood Ranch, FI	<input type="checkbox"/> Remove
		34202-5885	
MGRM	LINDSAY N CARTER-MONTGOMERY	14206 Sundial PI	<input type="checkbox"/> Add
		Lakewood Ranch, FI	<input checked="" type="checkbox"/> Remove
		34202-5885	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 6, 2014



Signature of a member or authorized representative of a member
Lindsay Carter-Montgomery

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA