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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Facility Service Group LLC
400 N. Ashley Dr. Suite 1900
Tampa Florida 33602
855-274-2220

REGISTRATIONS SECTION
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FACILITY SERVICE GROUP 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:

FACILITY SERVICE GROUP INC.

Name of Person

FACILITY SERVICE GROUP LLC.

Firm/Company

235 APOLLO BEACH BLVD.

Address

APOLLO BEACH FL

City/State and Zip Code

CONTRACTING@FSSERVICEGROUP.COM

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

For further information concerning this matter, please call:

PRESIDENT

Name of Person

at 855 274-2220

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FACILITY SERVICE GROUP 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 02/08/2011 and assigned Florida document number L11000016508.

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)

400 N. ASHLEY DR. STE 1900

TAMPA FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

400 N. ASHLEY DR. STE 1900

TAMPA FL 33602

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

City, Florida

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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	BOB POLO	235 APOLLO BEACH BLVD 232	<input type="checkbox"/> Add
		APOLLO BEACH FL 33572	<input checked="" type="checkbox"/> Remove
AMBR	ANTHONY LEONARDO	400 N. ASHLEY DR. STE 1900	<input checked="" type="checkbox"/> Add
		TAMPA FL 33602	<input type="checkbox"/> Remove
AMBR	FACILITY SERVICE GROUP INC.	1712 PIONEER AVE. STE 1527	<input checked="" type="checkbox"/> Add
		CHEYENNE, WY 82001	<input type="checkbox"/> Remove
AMBR	FACILITY SERVICE GROUP INC.	1000 N. WEST STREET STE 1200	<input type="checkbox"/> Add
		WILMINGTON, DE 19801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

PLEASE ADD FEIN 30-0692682

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 09/18, 2014

Facility Service Group Inc.

Signature of a member or authorized representative of a member

FACILITY SERVICE GROUP INC.

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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