L110000022284

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DEFOCIO OF STATE
OLVISION OF CORPORATION
TALLAHASSEE, FLORIDA

TIME 29 MIN OC

T. HAMPTON MAR 2 0 2011 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Variety Maintenance 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:
Leffrey Sunday Name of Person Variety maintenance Firm/Company
Variety monaterance Firm/Company
4235 Howard RD Address
Tallahassee FL, 32305 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (350) 510-0845 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ S55.00 Filing Fee \$ S60.00 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

FILED

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Variety Maintene	unce LLC	SECHE MAKE UI SEMIL TANK AHASSEE, FLORIDA
(<u>Name' of the Limited Lial</u> (A Flor	bility Company as it now appears on our rida Limited Liability Company)	records:)
The Articles of Organization for this Limited Liabili	ity Company were filed on	and assigned
Florida document number L11000022284	<u> </u>	
This amendment is submitted to amend the followin	og:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.1C."	e words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	·	·
(Principal office address MUST BE A STREET A	nnaree.	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		-
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our reco address here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da street address
		. Florida
-	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 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 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 <u>Title</u> Name **Address** Type of Action 4235 Howard ☐ Add Remove Remove Remove Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Jeffrey Sunday Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00