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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 11 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B. K. STALLARD, 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:

MICHAEL CONNER TURNER
Name of Person

C.A.P.S. ^{LLC} Complete Affordable Property Services, LLC.
Firm/Company

1201 W 20TH ST
Address

Sanford FL 32771
City/State and Zip Code

Uconner082662@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Onnie L. Conner at 407.314-1828
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

Mail
407

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

B.K. STALLARD, 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 02/25/2011 and assigned
Florida document number L11000023873.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COMPLETE AFFORDABLE PROPERTY SERVICES, LLC

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)

1201 W 20TH STREET

SANFORD

FLORIDA, 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1201 W 20TH STREET

SANFORD

FLORIDA, 32771

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TALLAHASSEE, FLORIDA

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:

BRYAN K. STALLARD

New Registered Office Address:

1201 WEST 20TH STREET

Enter Florida street address

SANFORD

City

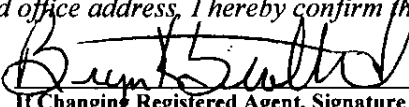
Florida

32771

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL CONNER TURNER	1201 W 20TH STREET SANFORD FLORIDA, 32771	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CONNIE LYNN CONNER	1201 W 20TH STREET SANFORD FLORIDA, 32771	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BRYAN K. STALLARD	1201 W 20TH STREET SANFORD FLORIDA, 32771	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JULY 3, 2012

Michael Turner

Signature of a member or authorized representative of a member

Michael Turner

Typed or printed name of signee

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TALLAHASSEE, FLORIDA