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SECRETARY (	AUG 26	FILE
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## **COVER LETTER**

TO: Registration Section Division of Corporations

Maintenance LLC Grai 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:

Name of Person Maintenance Grandslan Firm/Company KIVEY ES 185 Address City/State and Zip Code HOMULE (a) OMAIL COM Gror

For further information concerning this matter, please call:

Name of Person

at (239) 5105-0003 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 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)

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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

ARTIC	LES OF AMENDMEN	FILED
ARTICI	TO LES OF ORGANIZATI OF	ON 11 AUG 26 PM 12:47
<u>(Name of the Limited Lia</u> (A Flo	EQNING & MOIN billity Company as it now appear rida Limited Liability Company)	SECRETARY OF STATE ENGLAMA SEE. FLORIDA s on our records.)
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on  8	002/2011 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	•
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	······
<b>B.</b> If amending the registered agent and/or r registered agent and/or the new registered office		ur records, <u>enter the name of the new</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Ent	er Florida street address
_		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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.

1

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

e

<u>Title</u>	Name	Address	Type of Action				
MGRM	Ponco, Tyley L	HUQ, FL. 33920	Add Remove				
MGBM	Mixon, Hauston D	18501 River Estates LN Alva, FL 33920	Add Remove				
			Add Remove				
	<u>_</u>		Add Compared Add				
			_ Add _ Remove				
			Add Remove				
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	TAL SE				
			FILED AUG 26 PM CARETARY OF LANASSEE, F				
	······································		ED FM 12:1				
Dated AV	just 22 . 201 Diblo		47 RIDA				
Signature of a member of authorized representative of a member							
Typed or printed name of signee							
Page 2 of 2							

Filing Fee: \$25.00