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SECRETARY OF STATE

OCT 25 AHIO GA

T. CLINE
OCT 2 6 2011
EXAMNER

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	ration Section n of Corporations		
SUBJECT:	Total Care Pro	perty Maintenance LLC	
	Name of Lin	nited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are su	ubmitted for filing.	
Please return all	correspondence concerning this matte	er to the following:	
		Ricardo A Calvo Jr	
		Name of Person	·
	Total Ca	are Property Maintenance LLC	
		Firm/Company	
		9105 tremezzo In	
		Address	
	В	Soynton Beach Fl 33472	
	1.)(City/State and Zip Code	
	· tcpr	maintenance@gmail.com (to be used for future annual report notification)	
For further infor	mation concerning this matter, please		ZOII OCT 25 SECRETARY ALUAHASSE
	Ricardo A Calvo Jr	at (561) 706 2	
	Name of Person	Area Code & Daytime Telepl	
Enclosed is a che	eck for the following amount:		DE S
√]\$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	STREET/COURIER AD Registration Section Division of Corporations	DDRESS:

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Total Care Property	/ Maintenance LLC						
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records Liability Company)	<u>.</u>)					
The Articles of Organization for this Limited Liability Company were filed on June 27, 2011 and assigned Florida document number L110000073888							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	oility company here:						
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation					
Enter new principal offices address, if applicable:	9105 Tremezzo Ln						
(Principal office address MUST BE A STREET ADDRESS)	Boynton Beach FI 33472	2011 ALL					
Enter new mailing address, if applicable:	9105 Tremezzo Ln	OCT 25 ARETARY O					
(Mailing address MAY BE A POST OFFICE BOX)	Boynton Beach FI 33472	To The second					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new					
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida street	t address					
	, Florida						
	City	Zip Code					
New Registered Agent's Signature, if changing Registered Agent:							

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.

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

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>	Type of Action
MGRM	CALVO,RICARDO A SR	9105 TREMEZZO LN BOYNTON BEACH FL 33472	Add Remove
			Add Remove
			Add Remove
			Add Remove
······································			Add Remove
		S S	SECRETARY 25
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.	
_			
 Dated	OCTOBER 21 , 20	<u>11</u>	
_	Signature of a member	or authorized representative of a member	
		cardo A Calvo Jr	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00