

L11 000143844

(Requestor's Name)

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12 JAN 18 AM 10:59  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JAN 19 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Total Property Care Central Florida 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:

Matthew R. Cramer  
Name of Person

Total Property Care Central Florida LLC  
Firm/Company

2407 Paradise Drive  
Address

Kissimmee Florida 34741  
City/State and Zip Code

matthew.cramer27@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew R. Cramer at (407) 683-0127  
Name of Person Area Code & Daytime Telephone Number

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12 JAN 19 AM 10:58  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

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

**Total Property Care central florida 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 Dec 7 2012 and assigned  
Florida document number ~~W110000061336~~

L11000143844

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:**

2407 paradise drive kissimmee florida 34741

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

2407 paradise drive kissimmee florida 34741

**(Mailing address MAY BE A POST OFFICE BOX)**

**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

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

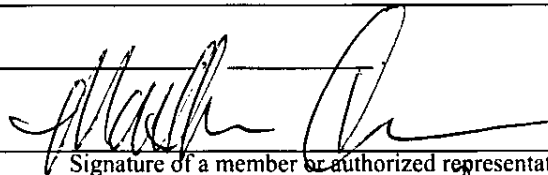
| <u>Title</u> | <u>Name</u>  | <u>Address</u>                                 | <u>Type of Action</u>  |
|--------------|--------------|--|--|
| mgrm         | eric neelson | 2407 paradise drive<br>kissimmee florida 34741 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
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|              |              |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
12 JAN 18 04:10:50  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Matthew R Crooner

Typed or printed name of signee