

| (Re | questor's Name |) |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phor | ne #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Na | ime) |
| (Do | cument Number | r) |
| Certified Copies | _ Certificate | es of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| MAR :- 2 2012 | | |
| L. SELLERS | | |
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Office Use Only

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SECRETARY OF STATE.

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Son, HI JAN, to Rial Elected PRESCRUATION Services, 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: |
| Pauline Snith |
| |
| Firm/Company 3124 Bilmingham Blod Address Ollando Fl 32829 City/State and Zip Code PAULine S Smith & Dellsonethinet |
| E-mail-address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: at (HO) 249-9390 Name of Person Area Code & Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed) \$\$\$ 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2012

PAULINE SMITH 2724 BIRMINGHAM BLVD. ORLANDO, FL 32829

SUBJECT: P SMITH JANITORIAL & PROPERTY PRESERVATION SERVICES,

LLC

Ref. Number: L12000019470

We have received your document for P SMITH JANITORIAL & PROPERTY PRESERVATION SERVICES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 112A00007582

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ISNIH JANITERIALE -12 | ODER OF PRESERVATION SCRUCES, LLC |
|---|--|
| (Name of the Limited Liability Company (A Florida Limited Liab | OPER SERVATION SCRUCES, LLC as it now repears on our records, billity Company) |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L. 12000 19410</u> | ere filed on Killunist 9,3013 and assigned |
| This amendment is submitted to amend the following: | |
| Son; He some Sons Jan, to Rindle Ch.L.C." | Services LLC |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| 3. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: | e address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | in the second se |
| | Enter Florida street address & |
| | Florida SE co |

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.

City

Zip Code

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 **Address Title** <u>Name</u> **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add □ Remove ☐ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00