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**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Pilcher Property Maintenance 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:				
Mark Pilcher Name of Person				
Pilcher Property Maintenance Firm/Company				
170 Uricins dr. #321 Address				
Ponte Vedra Beach Fl. 32082 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mark Pilcher at (964) 955 4442 State Area Code & Daytime Telephone Number of State Area Code & Daytime Telephone N				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

	serty Mainten	
(Name of the Limited Liabil (A Florid	ity Company as it now appears o a Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number <u>しし</u> なららっちついら	•	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the w	orty Services	LLC
The new name must be distinguishable and end with the w. "L.L.C."	words <sup>4</sup> Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	.,
(Principal office address MUST BE A STREET AD)	DRESS)	
		73
Enter new mailing address, if applicable:	NA	00 %
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	5
		S. D. M.
		5 w
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		records, enter the name of the new
registered agent and/or the new registered office at	uuress nere.	,
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter	Florida street address
		, Florida
	City	Zp 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 corner to Managers or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of A <u>Name</u> **Address Title** ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 10/10/2017, 2017.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00