

L12000094387

(Requestor's Name)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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NOV 10 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NJC PROPERTY MAINTENANCE 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:

NICHOLAS CANTON

Name of Person

ELKRIDGE CUSTOM CARPENTRY

Firm/Company

11524 LYONS COURT

Address

CLERMONT, FL 34711

City/State and Zip Code

nick@elkridgewoodworks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICHOLAS CANTON

Name of Person

at (352)

Area Code

973-1973

Daytime Telephone Number

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**

NIC PROPERTY MAINTENANCE SERVICES 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 7/20/2012 and assigned
Florida document number L12000094387.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ELKRIDGE CUSTOM CARPENTRY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

19653 FLORANTINE CIRCLE

CLERMONT

FL 34715

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19653 FLORANTINE CIRCLE

CLERMONT

FL 34715

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:

19653 FLORANTINE CIRCLE

Enter Florida street address

CLERMONT

City

Florida

34715

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 605, 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

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TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bethany Hawkesworth	19653 FLORANTINE CIRCLE	<input checked="" type="checkbox"/> Add
		CLERMONT, FL 34715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____,

Typed or printed name of signee

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