L12000 160764

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duning of Falith March)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400262844284

08/06/14--01014--008 **25.00



COVER LETTER

TO: Registration Section
Division of Corporations

DO IT 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:

JOSE M. MESA

Name of Person

DO IT MAINTENANCE, LLC.

Firm/Company

902 NE VAN LOON LANE

Address

CAPE CORAL, FL 33909

City/State and Zip Code

TAXSERVICES2010@HOTMAIL.COM

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

For further information concerning this matter, please call:

JOSE M. MESA

_{..},239`,878-1223

Name of Person

Area Code

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:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DO IT MAINTENANCE, LLC.

company has been notified in writing of this change.

(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L12000160764	v Company were filed on 12/27/2012	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
N/A		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re		
registered agent and/or the new registered office a	——————————————————————————————————————	
Name of New Registered Agent:	F-71/20	2000 mg
New Registered Office Address:	Enter Florida street address	E 5
	, Florida	Zip Code
New Registered Agent's Signature, if changing Regist	•	

If Changing Registered Agent, Signature of New 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CIELO F. CABEZAS	902 NE VAN LOON	LANE _ Add
		CAPE CORAL	■ Remove
		FL 33909	
			□ Add
			☐ Remove
			Add
			□ Remove
			Remove
			<u> </u>
			☐ Add
			Remove

ffective date must be specific, cannot be prior to date of receipt or filed date and	(optional) cannot be more than 90 days after
ffective date must be specific, cannot be prior to date of receipt or filed date and ate this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
flictive date must be specific, cannot be prior to date of receipt or filed date and late this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State) ed JULY 30 2014	(optional) cannot be more than 90 days after
ffective date must be specific, cannot be prior to date of receipt or filed date and late this document is filed by the Florida Department of State)	cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00