## 13000033676

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<del>;</del> #)
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J. SAULSBERRY EXAMINER APR 26 2013

## **COVER LETTER**

Pump Sta	ation Maintenance Services,	LLC.			
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Dianna Wood			
	,	Name of Person			
		Bryan Cave LLP			
	Firm/Company				
	3500	One Kansas City Place, 1200 Main	Street		
		Address			
		Kansas City, MO 64105			
		City/State and Zip Code			
	E mail address (	dlwood@bryancave.com to be used for future annual report notificat	·		
For further information	concerning this matter, please of	•	1011)		
	•	aii.			
Diann	a Wood	816 374-3292			
Name o	of Person	Area Code & Daytime To	elephone Number		
Enclosed is a check for t	he 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

	•	enance Services, LLC.	
( <u>Name of the Limited</u>	Liability Compa Florida Limited	inv as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on March 4, 2013	and assigned
Florida document number L13000033676	··		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lial	oility company here:	
n/a			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		n/a	· · · -
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		n/a	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered o			ter the name of the new
Name of New Registered Agent:	n/a		
New Registered Office Address:			
		Enter Florida street	address
		, Florid	
		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 Manager's 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>	Type of Action
MGR	Curtis L. Beadle	2772 N.W. 31st Avenue	Add
		Lauderdale Lakes, FL 33311	Remove
MGRM	Lyndon Langford	2772 N.W. 31st Avenue	Add
		Lauderdale Lakes, FL 33311	Remove
MGRM	Beadle Enterprises LLC	917 NE 1st Street	✓ Add
		Pompano Beach, FL 33060	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

` <u>*</u>						
•						
						<del></del>
******						
April		22,	2013	_ •		
	$\leq$	D		<b>&gt;</b>	Curis	L B
		Signature of a	member or auti	horized represent	ative of a member	
Lynde	on Langford					

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Filing Fee: \$25.00