

L13000108193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

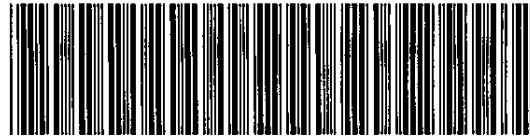
(Business Entity Name)

(Document Number)

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2013 NOV 20 PM 3:47
SECRETARY OF
TALLAHASSEE, FLORIDA

E. GOSTICK
NOV 21 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FULL THROTTLE PROPERTY PRESERVATION 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:

AJA RENE SPERRY

Name of Person

FULL THROTTLE PROPERTY PRESERVATION SERVICES LLC

Firm/Company

380 HARBOUR ISLE WAY

Address

LONGWOOD, FL 32750

City/State and Zip Code

AJA83SPERRY@GMAIL.COM

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

For further information concerning this matter, please call:

AJA RENE SPERRY

Name of Person

at **407 683 6963**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

FILED
2013 NOV 20 PM 3:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FULL THROTTLE PROPERTY PRESERVATION 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 JULY 31, 2013 and assigned
Florida document number L13000108193.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

380 HARBOUR ISLE WAY
LONGWOOD FL
32750

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

380 HARBOUR ISLE WAY
LONGWOOD FL
32750

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: _____

Enter Florida street address

_____, Florida _____
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 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

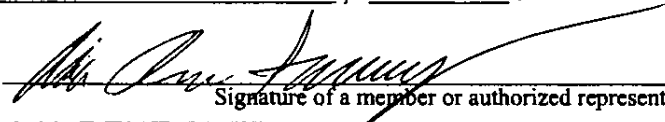
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	THOMAS A. NEWELL	440 HARVEST OAK CT	<input type="checkbox"/> Add
		LAKE MARY FL	<input checked="" type="checkbox"/> Remove
		32746	
MGRM	AJA RENE SPERRY	380 HARBOUR ISLE WAY	<input checked="" type="checkbox"/> Add
		LONGWOOD FL	<input type="checkbox"/> Remove
		32750	
MGRM	JACK SPERRY	380 HARBOUR ISLE WAY	<input checked="" type="checkbox"/> Add
		LONGWOOD FL 32750	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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ALLAHSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE ADD MY EIN# FOR THE COMPANY 46-3768564

Dated NOVEMBER 15, 2013



Signature of a member or authorized representative of a member

AJA RENE SPERRY

Typed or printed name of signee

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Filing Fee: \$25.00