

# L13000165944

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

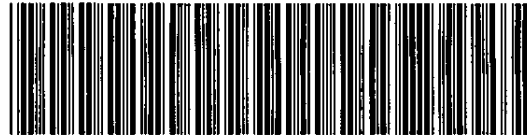
L13-165944

\_\_\_\_\_  
(Document Number)

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2014 JAN 23 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. Callahan JAN 23 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2014

PEGGY MAURER  
791 ABERDEEN RUN  
THE VILLAGES, FL 32162

SUBJECT: MAURER MOLD TESTING, LLC  
Ref. Number: L13000165944

We have received your document for MAURER MOLD TESTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This form is not acceptable for imaging purpose. I am enclosing a new form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 214A00000491

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Maurer Mold Testing, 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:

Peggy Maurer  
Name of Person

Maurer Mold Testing, LLC  
Firm/Company

719 Aberdeen Run  
Address

The Villages, FL 32162  
City/State and Zip Code

davemaurer@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dave Maurer at ( 309 ) 645-9803  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: *(Check previous ly sent)*

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2014 JAN 23 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Maurer Mold Testing, 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 11/27/2013 and assigned  
Florida document number L13000165944.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Peggy Maurer

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 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.

Peggy Maurer  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>MGR</u>	<u>Peggy Maurer</u>	<u>791 Aberdeen Run, The Villages,</u> <u>FL 32162</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>David L. Maurer</u>	<u>791 Aberdeen Run, The Villages,</u> <u>FL 32162</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Kami Heddin</u>	<u>3911 Cedar Hills Dr., Dunlap,</u> <u>IL 61525</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Kami Hedden</u>	<u>3911 Cedar Hills Dr., Dunlap</u> <u>IL 61525</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AMBR</u>	<u>Peggy Maurer</u>	<u>791 Aberdeen Run,</u> <u>The Villages, FL 32162</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated December 26, 2013

Peggy Maurer  
Signature of a member or authorized representative of a member  
PEGGY MAURER  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 JAN 23 PM 2:20  
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