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COVER LETTER

TO: Registration Section Division of Corporations

Secure Choice Property 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:

Dayana Gonzalez
Name of Person
Secure Choice Property Maintence LLC
Firm/Company
7817 W 36 AVE #103
Address
HIALEAH, FL 33018
City/State and Zip Code

admin@securechoicemaintenance.com

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

For further information concerning this matter, please call:

Dayana Gonzalez

_{..},786 \5470444

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:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Secure Choice						
(Name of the Limited L (A F	iability Compa Torida Limited I	ny as it now appea Liability Company)	ers on our records.)			
The Articles of Organization for this Limited Liabil Florida document number L1400005484	lity Company	were filed on 0	1/10/2014		and ass	signed
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liab	ility company h	iere:			
N/A						
The new name must be distinguishable and end with the word	s "Limited Liab	ility Company," the	e designation "LLC"	or the abbre	viation "	L.L.C."
Enter new principal offices address, if applicable	e:	N/A				
(Principal office address MUST BE A STREET A	(DDRESS)			٠ <u>٠</u> ٠٠. ܡ ــ	<u> </u>	
					<u>ト</u>	
Enter new mailing address, if applicable. (Mailing address MAY BE A POST OFFICE BOX)				# " 	Ç.)	· · · ·
		N/A		- 1, 2, 	740 741	
			·	535 2477 138	e: 07	
B. If amending the registered agent and/or registered agent and/or the new registered office			n our records,	enter the	name	of the nev
Name of New Registered Agent:	N/A					
New Registered Office Address:						
		Enter Flo	orida street address			
_			, Flori			
		City		2	Zip Code	
New Registered Agent's Signature, if changing Regi	stered Agent:					
I hereby accept the appointment as registered a	gent and agr	ee to act in this	capacity. I furth	ier agree	to com	ply with th

If Changing Registered Agent, Signature of New Registered Agent

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 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 Title Name Address **Type of Action** 7817 W 36 AVE #103 **AMBR** DAYANA GONZALEZ RODRIGUEZ 📕 Add HIA! EAH, FL 33018 ☐ Remove 7817 W 36 AVE #103 MGR DAYANA GONZALEZ RODRIGUEZ ■ Add HIALEAH, FL 33018 □ Remove 7317 W 36 AVE #103 DAYANA GONZALEZ **AMBR** □ Add HIALEAH, FL 33018 🗃 Remove ☐ Remove

D.	If am	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	_		<u>. </u>			
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Ε.	(The eff	cive date, if other than the date of filing: ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 te this document is filed by the Florida Department of State)	(optional) days after			
		Febraury 26 2014				
		Signature of a member or authorized representative of a member Dayana Gonzalez Rodriguez				
		Typed or printed name of signed				

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Filing Fee: \$25.00