114000019066

| (R | equestor's Name) | |
|-------------------------|---------------------|-------------|
| (A ₁ | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone | e #) |
| PICK-UP | ☐ WA!T | MAIL |
| (B | usiness Entity Nar | me) |
| (Ď | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



000297826790

04/14/17--01036 -091 *** 30.06

O SIMMONS APR 1 7 2017

COVER LETTER ___

| | Registration Section Division of Corporations |
|-----------|--|
| CUDICA | TRI-CARE PROPERTY MAINTENANCE LLC |
| SUBJEC | Name of Limited Liability Company |
| The enclo | osed Articles of Amendment and fee(s) are submitted for filing. |
| Please re | turn all correspondence concerning this matter to the following: |
| | ClEVE by Rose |
| | TRI-CARE PROPERTY MAINTENANCE LLC |
| | Firm/Company |
| | 260 GARELLASI Address |
| | ROMETTO FL 34221 City/State and Zip Code |
| | E-mail address: (to be used for future annual report/notification) |
| For furth | er information concerning this matter, please call: |
| | Name of Person Area Code Daytine Telephone Number |
| Enclosed | is a check for the following amount: |
| | On Filing Fee Status S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

(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 02/04/2014 and assigned Florida document number 1.14000019066

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 contain the words 1.0 mited Liability Company." the designation "LLC" or the abbreviation "LLC."

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

TRI-CARE PROPERTY MAINTENANCE LLC

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------------|--------------------------------------|----------------|
| MGR | Eric I Reaves, Sr. | | 🗖 Add |
| | | 2603 1st Ave East Palmetto, FL 34241 | Remove |
| Λ | | | □ Change |
| MGR | CIEUFIAND KONE | 2609 6 Alle East Palmetto 3 | SYA Add |
| | | | □ Remove |
| | | | Change |
| | | | \ \ |
| | | | □ Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | - | Change |
| | | | Add |
| | | | □ Remove |
| | | | □ Change |

| _ | N/A | |
|----------------------------|---|---------------------|
| _ | | |
| _ | | |
| _ | | |
| _ | | |
| _ | | |
| _ | <u></u> | |
| _ | | |
| _ | | |
| _ | | |
| _ | | |
| (If an effective Note: [| te date, if other than the date of filing: (optional) (aptional) (trive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 01 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records. | 207 (3)(b as the |
| f the reco [b) The S | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 30th day after the record is filed. | of: |
| Dated _ | April 4th a017 | |
| | | |

Typed or printed name of signee