(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900276888539

09/11/15--01003--029



2015 SEP 11 PM 5: 39

K.SALY EXAMINER SEP 15 2015

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>Gen</u>	eral Property Name of Limi	Maintenance Lited Liability Company	11
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Felix P	Name of Person	
	general	Property Main	Tenance ilc.
	2710 DEL	PIZADO BLUD 71-2-1 Address	169
	CAPECOR	City/State and Zip Code	
	CP@ 5F E-mail address: (1	GPM · COM to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Felix E) イン f Person	at (239) 333-2 Area Code Daytime	8007 Telephone Number
Enclosed is a check for th	ne 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

2015 SEP 11 PM 5: 39
TALLAHASSEE, FLORION

General Property N (Name of the Limited Liability Compan (A Florida Limited Li	Jaintenance y as it now appears on our reco- lability Company)	LLCTALLAHASSEE, FLOTATE
The Articles of Organization for this Limited Liability Company of Florida document number <u>L14 00005651</u> . This amendment is submitted to amend the following:	were filed on <u>04120</u>	ACIVITY OF
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Felix BA	EZ
(Principal office address MUST BE A STREET ADDRESS)	•	PRADO BUD #12-169
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Tow Registered Office Address.	Enter Florida street addr	ess
		Plovido
	City	F lorida 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.

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>	<u>Name</u>	Address	Type of Action
AMBR	DAYNE BAEZ	2010 DELARADO BUD 2-10	on Madd
		(APECORAL, FI 33914	☐ Remove
			Change
			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
<u>.</u>			Add TALLINHASSEE, FU
			Add TALLAHASSEE, FLORIDE Remove
			☐ Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change

	1	·		<u></u>							_
									·		_
	· · · · · · · · · · · · · · · · · · ·		·							-	
			. <u> </u>		<u>.</u>			. <u> </u>	25	155	1\ -/
									75		1
									7	10 10 10 10 10 10 10 10 10 10 10 10 10 1	- ' •
		·								200	<u>ئ</u> ن
									 ·_	- 022	- ⁰ 0
					 		<u> </u>			77	_
											_
											_
											_
											_
						·_ ·					_
							. <u></u>			<u></u>	-
							<u></u> <u>.</u>		·		-
		···									_
											_
n enecuv ote: If th	date, if other re date is listed, ne date inserte s effective dat	d in this block	does not i	meet the	applicable	יאַנוווו ויט טעט	O1 (1)(C1C (1)(M1)	(op 90 days af rements, t	ter filing.)	Pursuant to 60 will not be lis)5,020 sted a
record The 90	d specifies a th day afte	a delayed e r the recor	ffective of the filed.	date, bi	ut not a	n effectiv	ve time, a	at 12:0	La.m. o	on the earl	lier (
ited	Sept	4		ان في ,	5						
		/ 1/									

Page 3 of 3

Filing Fee: \$25.00