L14000076302

| (Requestor's Name) |
|-----------------------------------------|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



800262744908

08/08/14--01015--017 **60.00

CALL VHYSOLE ELOGO SECUELVEL OL SLVIE SL

N. Summer AUG 1 1 2014

COVER LETTER

| SUBJECT: Propert | y <u>Service Lead</u> Name of Limi | ders LC ted Liability Company | |
|-----------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| The enclosed Articles of A | Amendment and fee(s) are sub | nitted for filing. | |
| Please return all correspon | dence concerning this matter t | to the following: | |
| | NIKOLA DO | SAKOV Name of Person | |
| | | Vice Leaders LLC | |
| | 4550 70+h | Street W APT Address | 87 |
| | Bradenton, Fl nick @ propert | 34210 City/State and Zip Code 4 Service Leaders. be used for future annual report notifie | . COM |
| For further information co | oncerning this matter, please ca | | |
| Name of | A KOV Person | at (941) 896-2 Area Code Daytime | 9 9 Telephone Number |
| Enclosed is a check for the | e 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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2014 AUG -8 AM 9:51

SECRETARY OF STATE TALL AHASSLE, FLORIDA

| Property Service Leaders (Name of the Limited Liability Com (A Florida Limite | S LLC | rs on our records.) | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|---------------------|
| | | | |
| The Articles of Organization for this Limited Liability Compar | ny were filed on _C | 5/09/2014 | and assigned |
| Florida document number <u>L 14 0000 76302</u> | | , | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited li | ability company he | ere: | |
| The new name must be distinguishable and end with the words "Limited L | iability Company," the | designation "LLC" or the ab | breviation "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) | | | |
| (mutting differences MAT BE A FOST OFFICE BOA) | | | |
| | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | our records, enter t | he name of the nev |
| | Table 1 | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | | rida street address | |
| | CV. | , Florida | Tin Cada |
| New Registered Agent's Signature, if changing Registered Ager | | | ыр Соце |
| | | . IC 4 | a limitali ali - |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a | ete performance of | my duties, and I am fa | miliar with and |

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$ | lanager authorized Member | | |
|--------------------|------------------------------|-----------------------------------------|---------------------|
| Title | <u>Name</u> | Address | Type of Action |
| MGR | JAMES PETERS | 4550 70th Street W APT | 87 _{🗆 Add} |
| | | Bradenton, FL 34210 | |
| S | JAMES PETERS | 4550 70th Street W Apt | 87_□ Add |
| | | Bradenton, FL 34210 | Remove |
| | | | □ Add |
| | | | □ Remove |
| | | | ☐ Add |
| | | | Remove |
| | | | □ Add |
| | | *************************************** | Remove |
| | | | |
| | | _ | Remove |

| - | |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <u> </u> | |
| | |
| | |
| fective date, if other than t | he date of filing: (optional) |
| e effective date must be specific, ca | unnot be prior to date of receipt or filed date and cannot be more than 90 days after |
| e effective date must be specific, can be date this document is filed by the | annot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State) |
| the effective date must be specific, can be date this document is filed by the lated $\frac{OS}{OS} = \frac{106}{20}$ | annot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State) |
| the effective date must be specific, can be date this document is filed by the lated $\frac{OS}{OS} = \frac{106}{20}$ | annot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State) |
| the effective date must be specific, can be date this document is filed by the ated 08/06/20 | annot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State) |

Page 3 of 3

Filing Fee: \$25.00

FILED

2014 AUG -8 AH 9:51

SECRETARY OF STATE

AND ADDRESS OF STATE

Re: Property Service Leaders LLC
Florida Document Number – L14000076302

To whom it may concern,

I James Peters, write this letter as an official request to have my name removed from the above referenced Limited Liability Company and Document number. I willingly no longer want to be a part of this business and transfer all of my interests pertaining to the above to Nikola Djakov making him the sole owner and only Officer/ Manager of Property Service Leaders LLC. Please feel free to contact me if you should have any further questions or concerns.

Sincerely yours,

James Peters

08/06/2014

Nikola Djakov

08/06/2014

VET 6th 2014

BLANCA PASTORE

Notary Public - State of Florida

My Comm. Expires Feb 12, 2015

Commission # EE 60861

Bonded Through National Notary Assn.

BLANCA PASTORE

Notary Public - State of Florida

My Comm. Expires Feb 12, 2015

Commission # EE 60861

Bonded Through National Notary Assn.

BLANCA PASTORE

Notary Public - State of Florida

My Comm. Expires Feb 12, 2015

Commission # EE 60861

Bonded Through National Notary Assn.

125