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| Special Instructions to Filing Officer: |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 5, 2019

CESAR CORREA 603 MAPLE DR MARGATE, FL 33063

SUBJECT: MICHOACAN PROPERTY MAINTENANCE SERVICES LLC.

Ref. Number: L14000088566

We have received your document for MICHOACAN PROPERTY MAINTENANCE SERVICES 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):

Please select type of action on page 2 of 3.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 019A00006859

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COVERIFTER

| | • | COVER LETTER | |
|--|---|---|--|
| TO: Registration Se Division of Cor | | | |
| SUBJECT: M. Ch | Name of Lim | h Maintenance Sted Liability Company | ences LLC. |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Cesur | Correa Name of Person | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | دنت • |
| | 603 May | ole Dr Address | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | , | Address | |
| | Margute | F-L 33063 City/State and Zip Code | |
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| | E-mail address: (| ertymaintenance 6 to be used for future annual report notifi | 2 Yuhoo. Com cation) |
| For further information of | oncerning this matter, please ca | ıll: | |
| Cesus Name o | Correa | at (<u>954</u>) <u>729</u> Area Code Daytime | 3 4 5 4 Telephone Number |
| | | | |
| Enclosed is a check for the | he 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)'s enclosed) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Michoacan Property | Maintenance Services LLC ability Company as it now appears on our records.) orida Limited Liability Company) |
|--|--|
| (AF) | orida Limited Liability Company) |
| The Articles of Organization for this Limited Liabili | ty Company were filed onO5/27/1H and assigned |
| Florida document number ### L 140000 | , – – – – – – – – – – – – – – – – – – – |
| This amendment is submitted to amend the following | g: |
| A. If amending name, enter the new name of the | limited liability company here: |
| The new name must be distinguishable and contain the words | Maintenance (LC "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET AL | ODRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | 2 |
| | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | egistered office address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida |
| | Cuy Ziv 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. Thereby 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:

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| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | Name | Address | Type of Action |
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| etive date, if other than the date of filing: Hence date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records. | ate of filing or a | more than 90 ng requirer | (optiona) days after filir nents, this da | ng.) Pursuant | to 60 be lis |
| ecord specifies a delayed effective date, but not ar e 90th day after the record is filed. | n effective | time, at | 12:01 a.m | n. on the | earl |
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| Signature of a member or authorized | ed representativ | e of a memb | per | | |

Page 3 of 3

Filing Fee: \$25.00