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COVER LETTER

TO: Registration S Division of Co			
A&RP	ROPERTY PRESERVA	ATION SOLUTIONS LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JHON RODRIGUEZ	<u>2</u>	
	·	Name of Person	
	JIREH MULTISERV	ICES INC	
	<u></u>	Firm/Company	
	3095 S MILITARY T	RAIL # 4	,
		Address	
	LAKE WORTH FL 3	33463	
		City/State and Zip Code	
	jhonrealtor@hotmail.		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
JHON RODRIGUE	Z	561 574 9110	
	f Person		Telephone Number
Enclosed is a check for t	_		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy and tadditional copysis chelosed

MAILING ADDRESS:

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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

A & R PROPERTY PRESERVATION SOLUTIONS LLC

(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 Compa	any were filed on 10/20/2014	and assigned
Florida document number L14000162652		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
AG MAINTENANCE SOLUTIONS LLC		
The new name must be distinguishable and end with the words "Limited L	Liability Company," the designation "LLC" or the abl	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)		
B. If amending the registered agent and/or registered	office address on any records enter the	ha nama of the nav
registered agent and/or the new registered office address h		ne name of the nev
		22
Name of New Registered Agent:	-	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	第2 8
	. Florida - 편	
		Zip Codo
New Registered Agent's Signature, if changing Registered Agen	nt:	29
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 being filed to merely reflect a change in the registered offi	ete performance of my duties, and I am fai as provided for in Chapter 605, F.S. Or, if	miliar with and this document is
company has been notified in writing of this change.	ec adaress, i hereby conjum mai me umi	ica muonny

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** <u>Name</u> **Address** Type of Action _□ Add □ Remove ____ □ Remove _□ Remove □ Add _□ Remove DEC 28 PH PR: 29

PHASSIF FL GADA ☐ Add ☐ Remove

•		
		
Effective date, if other than the date of fill The effective date must be specific, cannot be prior to the date this document is filed by the Florida Department		(optional) re than 90 days after
the date this document is filed by the Florida Departs		(optional) re than 90 days after
Dated DECEMBER 18	2014	
Dated DECEMBER 18 Allhertes	ent of State)	

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