

K14 0000189140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

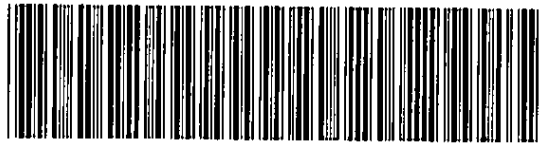
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500388881575

05/13/22--01014--011 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUN 13 AM 9:06

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABC MAINTENANCE SERVICE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA FOLSOM

Name of Person

PLANTATION BOOKKEEPING & PAYROLL SERVICES

Firm/Company

PO BOX 1264

Address

PERRY, FL 32348

City/State and Zip Code

MONICA@PLANTATIONBOOKKEEPING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA FOLSOM

850 843-0259
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

ABC MAINTENANCE SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 JUN 13 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/11/2014 and assigned
Florida document number L14000189140.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

230 W WASHINGTON ST

MONTICELLO, FL 32344

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

230 W WASHINGTON ST

MONTICELLO, FL 32344

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:

Name of New Registered Agent:

MISTY SCARBERRY

New Registered Office Address:

230 W WASHINGTON ST

Enter Florida street address

MONTICELLO

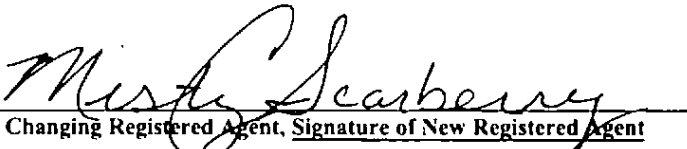
City

, Florida 32344

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	WADE SCARBERRY	9 W TURKEY ROOST	<input type="checkbox"/> Add
		GREENVILLE, FL 32331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	WADE SCARBERRY	9 W TURKEY ROOST	<input checked="" type="checkbox"/> Add
		GREENVILLE, FL 32331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WADE SCARBERRY, JR	9 W TURKEY ROOST	<input type="checkbox"/> Add
		GREENVILLE, FL 32331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2022 JUN 13 AM 9:06
SECURITY DIVISION
TALLAHASSEE, FL

FILED
2022 JUN 13 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FL

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 06, 2022

Monica Falso
Signature of a member or authorized representative of a member

MONICA FOLSOM, ACCOUNTANT

Typed or printed name of signee