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Office Use Only

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		Maintenance Services LLC		
SUBJEC	1.	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Michelle D Costen		
		 	Name of Person	
		Aims Home Maintenance	Services LLC	ing. of Person Company dress and Zip Code Grait. Corr future annual report notification) 86 561 9455 ea Code Daytime Telephone Number Filing Fee & Sed Copy Status & Certificate of Status &
			Firm/Company	
		105 Chestnut Ln		
			Address	· · · · · · · · · · · · · · · · · · ·
		Lake Helen Fl 32744		
			City/State and Zip Code	
		Serving Fare E-mail address:	to be used for future annual report notific	ication)
For further	er information co	oncerning this matter, please ca	all:	
Michelle	D Costen		386 561 9455 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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 ARTICLES OF ORGANIZATION

FILED

OF

2815 JUL -6 PN 2: 08

Aims Home Maintenance Services LLC

SECRETARY OF STATE. TALLAHASSEE, FLORIDA (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 Company were filed on January 4th, 2015 and assigned Florida document number ... L14000191379 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Farm Maintenance Services LLC 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) 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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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>	Name	Address	Type of Action	
			□ Add	
			□ Remove	
			Change	
			Remove	
			☐ Change	
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	e date, if other than the date of	f filing: ific and cannot be prior to date of filing o	(optional)	Pursuant to 605 0207
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Dated _	July 1	. 20-5. Caterore of a member or authorized representation		
		CO bota		
	Signatur	re of a member or authorized representat	ive of a member	
	Michello	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00