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S. WARREN AUG 2 8 2017

COVER LETTER

Division of	Corporations
. 1 6 1 75 4 6 1 4 5 77	's Maintenance Group LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	Sabrina V. Licupo
	Name of Person
	Lieupo's Maintenance Group LLC
	Firm/Company
	509 Santa Fc ST, SE
	Address
	Live Oak, Florida 32064
	City State and Zip Code
	doenurse26@yahoo.com
For further informat	E-mail address: (to be used for future annual report notification) ion concerning this matter, please call:
Sabrina Lieupo	386 209-8017
Ni	art ()
Enclosed is a check	for the following amount:
□ \$25.00 Filing Fe	ce \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lieupo's Maintenance Group LLC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	···
The Articles of Organization for this Limited Liability Company were filed on	January 03, 2015	and assigned
Florida document numberL18000004986		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the ab	hreviation "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 registered agent and/or the new registered office address here:	our records, <u>enter</u>	the name of the n
registered agent and/of the new registered office address nere.		
		- -
Name of New Registered Agent:	<u> </u>	<u> </u>
New Registered Office Address:		741 - T
New Negistered Villee Paddless. Enter Flori	ida street address	
	El 43	<u> </u>
Cuv	, Florida	Zin Fair 5

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>	Address	Type of Action
AMBR	James Martin North	395 SW Parker Lane	■ Add
		Lake City, Florida 32024	Remove
			Change
AMBR	Luke Reece Licupo	509 Sama Fe St. SE	≣ Add
		Live Oak, Florida 32064	Remove
			□ Change
			🖸 Add
			☐ Remove
			Change
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<u>ite:</u> If the d		e of filling: pecific and cannot be prior to oes not meet the applicab	August 22 , 2017 (0 date of filing or more than 90 days a ole statutory filing requirements.	
	pecifies a delayed effi day after the record i		an effective time, at 12:0	1 a.m. on the earlier o
1ed	August 22	2017		٠
	S	Diamer.		17 AUG
	Sign	pure of a thember or author	ized representative of a member	24 P
				<i>₩</i> <u>#</u>

Page 3 of 3

Filing Fee: \$25.00