

L 15000031495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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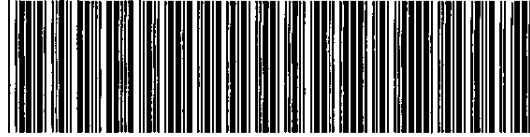
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 26 2015

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAINT'S, 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:

Rafael J. Oropesa, Esq.

Name of Person

Rafael J. Oropesa, Attorney at Law

Firm/Company

2300 West 84 Street, Suite 109

Address

Hialeah, FL 33016

City/State and Zip Code

rjo.law@gmail.com ✓

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

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15 MAY 19 AM 10:59
SECRETARY OF REVENUE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Rafael J. Oropesa, Esq.

305 647-9852
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

MAINT'S, LLC

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

15 MAY 19 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 15, 2015 and assigned
Florida document number L15000031495.

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)

7969 Plantation Boulevard

Miramar, FL 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7969 Plantation Boulevard

Miramar, FL 33023

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:

Rafael J. Oropesa, Esq.

New Registered Office Address:

2300 West 84 Street, Suite 109

Enter Florida street address

Hialeah

City

, Florida 33016

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	George Thompson, Jr.	7969 Plantation Boulevard	<input checked="" type="checkbox"/> Add
		Miramar, FL 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Matthew C. Ferguson	7968 Plantation Boulevard	<input checked="" type="checkbox"/> Add
		Miramar, FL 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 5, 2015

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 19 AM 10:53