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COVER LETTER

TO:	Divisi	ion o	_	oration							
SUBJ	ECT: _	T	urn vrn	key	Kleen, Name	ng of Eimit	Main-tenand	ce, L	ic		
The er	closed A	Articl	es of A	Amendm	ent and fee(s) a	re subn	nitted for filing.				
Please	return a	ll coi	теѕро	ndence c	oncerning this n	natter te	o the following:				
					(urakade - urn Key	sia Kle	Name of Person Lening & Main Fran/Company	ntenai	nce, LLC		
				_8	01 Gre	en/	eaf DR Address				
				Ta Ti	llahass ern Kenk E-mail add	Tee Tress: (to	City/State and Zip Code	ma, / .	Com	15 DEC -8 MIN: 19 SECRETARY OF STATE TALLMIASSEE, FLORIDA	FILE
					g this matter, ple					E STA	O
Yur	-AKA	- <i>d e</i>	ame of	Person	WYNN		at (<u>850</u>) <u>22.</u> Area Code	8 - 917 Daytime Tel	8 lephone Number	<u> </u>	,
Enclos	sed is a c	heck	for th	e followi	ng amount:						
□ \$ 2	5.00 Fili	ing F	ee		0.00 Filing Fee & ertificate of State		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed)	Certified C	of Status &	

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

Ivrn key neening	. } / / / / / / / / / / / / / / / / / /	enance, lic		
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on or Liability Company)	ur records.)	
The Articles of Organization for this Limited Liz Florida document number <u>L/500604825</u>		were filed on	8-15	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of				SECOND F
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designat	ion "LLC" or the	abbreviation L.L.C
Enter new principal offices address, if applica	ble:	807 Green	leaf DR	2. SA @ []
(Principal office address MUST BE A STREE)	(ADDRESS)	Tallahassee	, FL 32	2305
				305 S
Enter new mailing address, if applicable:		807 Green	leaf Dr	٤.
(Mailing address MAY BE A POST OFFICE L	BOX)	Tallahasse	e, FL	3 2305
B. If amending the registered agent and/or the new registered off	ice address her	<u>e</u> :		
Name of New Registered Agent:	YURAKA	desia D.	WYNN	
New Registered Office Address:	801 G	reen leaf D Enter Florida stra Spee , FL City	R eet address	
	Tallaha	issee, FL	Florida	32305
		City	, 1 101 1UA _	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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
AMBR	Yurakadesia D. WYNN	807 Granleaf DR. Tallahassee, FL 32305	M Add		
			□ Remove		
			Change		
<i>t</i> mbr	JAMES H. NUYNN JR.	807 Greenleaf DR. Tallahassee, FL 32305	to Add		
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an effective date is list ote: If the date inso	her than the date of ted, the date must be speci- erted in this block does date on the Departmen	fic and cannot be price not meet the appli	cable statutory filin		ing.) Pursuant to 605.020
	es a delayed effect fter the record is f		ot an effective t	ime, at 12:01 a.r	n. on the earlier o
rne 90th day a					
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Page 3 of 3

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