







FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2018

CLAUDIA COSSETTI  
1698 SW PANCOAST ST  
PORT ST LUCIE, FL 34987

SUBJECT: INSIDE & OUT MAINTENANCE, LLC \*\*SEE NOTE\*\* 2/20/18  
Ref. Number: L15000116798

We have received your document for INSIDE & OUT MAINTENANCE, LLC  
\*\*SEE NOTE\*\* 2/20/18 and your check(s) totaling \$25.00. However, the  
enclosed document has not been filed and is being returned for the following  
correction(s):

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 518A00003632

2018 MAR -9 PM 4:43  
FILED  
TALLAHASSEE, FLORIDA

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

Inside & Out Maintenance, LLC

(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 07/07/2015 and assigned Florida document number 115000116798.

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)

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*

\_\_\_\_\_ Florida \_\_\_\_\_

*City*

*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

**FILED**  
2010 MAR -9 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

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	Andres Cossetti	1698 SW Pancoast St PSL FL 34987	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Giovani Cossetti	1698 SW Pancoast St PSL FL 34987	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Johant Perez Cossetti	1698 SW Pancoast St PSL, FL 34987	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Daniel O Perez	1698 SW Pancoast St PSL FL 34987	<input checked="" 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 <input type="checkbox"/> Change

2018 MAR -5 PM 4:43  
 SEARCHED  
 INDEXED  
 SERIALIZED  
 FILED

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: 02/16/2018 (optional)

(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)

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.

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 2/16/2018

Handwritten signature of Claudia Cossetti

Signature of a member or authorized representative of a member

Typed or printed name of signee: Claudia Cossetti

Typed or printed name of signee

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