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(Re	questor's Name)			
(Add	dress)			
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COVER LETTER

Division of Cor			
SUBJECT: M; C	e Does Mainte	nan CC UC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Col	Ne	
	North I 1	Name of Person Life for an ac Firm/Company	
	- MINC 362) K	Firm/Company	
	1221 Sond Pi	Address	
	Ocoee, FL.	34761 City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
Michael Co	(Yef Person	at (<u>407</u>) <u>466 – Area Code</u> Daytime	6524 Telephone Number
Enclosed is a check for the	ne 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

Mike Does M	wintenance l	LC		
(Name of the Limite	ed Liability Company as i (A Florida Limited Liabilit	t now appears on o y Company)	our records.)	
The Articles of Organization for this Limited Lia	ability Company were	filed on	10-15	_ and assigned
Florida document number <u>L15000119</u>	338			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability c	ompany here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Cor	mpany," the designa	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE	T ADDRESS)			
			;	<u>. </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u> </u>		<u></u>	2 2
			FLOR	
B. If amending the registered agent and/oregistered agent and/or the new registered off		address on our		7 10
Name of New Registered Agent:	José Ju	n Perez	Pender-Bey	
New Registered Office Address:		Enter Florida str	reet address	
		ity	, Florida	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

Page 1 of 3

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
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			☐ Remove
			Change
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			□ Remove
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Filing Fee: \$25.00