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COVER LETTER

REAL PROPERTY MAINTENANCE & REMODELLING, 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: Adam Playford Name of Person Firm/Company 613 SE 16th Terr Address Cape Coral, FL 33990 City/State and Zip Code chasemaintenance55@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Adam Playford at (TO: Registration Sec Division of Corp							
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Name of Person Area Code Daytime Telephone Number	Adam Playford							
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclosed is a check for the following amount:	Enclosed is a check for the	ne following amount:						
(additional copy is enclosed) Certified Copy	■ \$25.00 Filing Fee		Certified Copy	Certificate 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

REAL PROPERTY MAINTENAN			
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our rec liability Company)	<u>(ords.)</u>
The Articles of Organization for this Limited L Florida document number L15000123981	iability Company	were filed on 7/20/2015	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
Chase Maintenance SW Florida, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	613 SE 16th Terr	
(Principal office address MUST BE A STREET ADDRESS)		Cape Coral, FL 33990	
Enter new mailing address, if applicable:		same	
(Mailing address MAY BE A POST OFFICE BOX)			
			JUN HAS
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on our rec <u>re</u> :	
			是 四
Name of New Registered Agent:	Adam Playford	d	99.1
New Registered Office Address:	613 SE 16th T		
		Enter Florida street a	ddress
	Cape Coral		Florida <u>33990</u>
		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

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 -	Adam Playford	613 SE 16th Terr	□ Add
	, 	Cape Coral, FL 33990	Remove
			Change
MGR	Calvin Chase	2701 SW 29th Pł	
		Cape Coral, FL 33914	■ Remove
			Change
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			Remove
			SSEE. FLORIDA
			Change
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			n	6/15/2017						
Effect	ive date, if othe Tective date is listed	er than the date	of filing:		date of filing o	r more than 90 d	_ (optional) avs after filing	.) Pursuant	to 605	.0207
Note:	If the date insert	ed in this block d	oes not meet	the applicab	ole statutory f	ling requireme	nts, this date	will not b	be liste	ed as
docum	ient's effective da	ite on the Depart	ment of State	s records.						
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ne re The	cord specifies 90th day afte	a delayed eff er the record	ective date is filed.	e, but not	an enectiv	e ume, ac i	2.01 a.m.	on the	earne	:1 UI
	6/15/2017									
Dated			· -							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00