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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 : (855) 498-5500 : (800) 432-3622 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUILDING AND FACILITIES MANAGEMENT, LEC

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Jac	K Bennoe  Name of Person	
	Building an	Firm/Company	rigement L.L.C
	1921 N. 557	Address	DO \$12-07.300
	Office @ REV	City/State and Zip Code  MFL. (DW)  to be used for future annual report notifi	fication)
For further information c	oncerning this matter, please ca	all:	
Jack Benn Name o	f Person	at (786) 248 Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filling 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

FILED

## ARTICLES OF AMENDMENT DE OCT 25 A H: 16 TO ARTICLES OF ORGANIZATION LARASSEE, FLURIDA

Building and Facil (Name of the Limited Liability Compar (A Florida Limited I.	THE MANAGE OF THE PROPERTY OF	genent. L.L.C
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000134519</u> .	were filed on <u>US/07</u>	12015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name of the new nam		ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIP	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/~	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the new
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida stre	eet address
<del></del>	City	, Florida
	Cuy	ery cons

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

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