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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #))
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(B	usiness Entity Name)	1
(D	ocument Number)	
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COVER LETTER

TO: Registration Section of Corp.				
SUBJECT: RO	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. dence concerning this matter to the following: Roberto PTOVEN Name of Person Roberts Property Mark tenance LLC Firm/Company 1920 Lemona Ave Address Lehven Address City/State and Zip Code Apostolsteven@ Yahoo.com E-mail address: (to be used for future annual report notification) necerning this matter, please call: teven Person Area Code Daytime Telephone Number			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Robe	ir to Steven		¥
				-
	Roberts 7	operty Main	tenance	LLC
		emona Ave	·	_
	•			
	lehigh Ae	ens, the 3307	12	_
	ا ا ا ما م	City/State and Zip Code		
	E-mail address: (1	to be used for future annual report	notification)	
For further information cor			,	
Roberto S	teven	at (863) 582	-2140	· '
Name of I	'erson	Area Code Day	rtime Telephone Number	r
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	-	Certified Copy	Certifica Certified	ite of Status & Copy

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

Roberts	Property Maintenance UC
(Name of the Limited) (A	Liability Company as if now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L 16000 o c</u>	bility Company were filed on and assigned and assigned
This amendment is submitted to amend the following	ring:
- :	
Enter new principal offices address, if applicabl	ile:
(Principal office address MUST BE A STREET A	(Name of the Limited Liability Company as if now appears on our records.) (A Florida Limited Liability Company) for this Limited Liability Company were filed on
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 Register of 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:

AMBR = A	uthorized Member	· ·	magnine for my
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		•	☐ Remove
			☐ Change
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3.00	ive data if other than the data of filings 9/2/16 (ontions	7.4 •		
f an ef Note:	ive date, if other than the date of filing: (options fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this datent's effective date on the Department of State's records.	ng.) Pursua		
	cord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.n 90th day after the record is filed.	n. on th	e earli	er o
)atad	912(116)			
Dated	9/21/16 2016			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00