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2016 JAN 29 P 12: 45
SECRETARY OF STATE.

FEB 01 2016 BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TREVOR BUNKAJ PROPERTY MAINTENANCE 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:
TREVOR BUNKAJ Name of Person TREVOR BUNKAJ PROPERTY MAINTENANCE.LLC. Firm/Company
2000 NW 69th TER Address
MARGATE FL 33063 City/State and Zip Code all removal 6 acl. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TREVOR BUNRAT at (954) 646-1887 T
Enclosed is a check for the following amount: \$\frac{1}{2} \frac{1}{2}
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

IREVOR BUNRAJ PROPERTY MAINTENANCE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(A Fibrial Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on 01/08/2016 and assigned lorida document number <u>L 1600006480</u>
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address:
Enter Florida street address , Florida City Enter Florida Street address City Code
ew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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>	Name	Address	Type of Action			
AMBR	TREVOR BUNRAJ	2000 NW 6944 TER MARGATE FL 3306	✓ Add			
		MARGATE FL 3306	S3 □ Remove			
			Change			
			□ Add			
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		ORDA BDA	Change			
			Add			
			□ Remove			
			Change			

	ng any other information; enter change(s) here: (Attach additional sheets, if n	
<u>_</u>	I WISH TO CHANGE - AFFORDABLE PROPERTY MAINT	EN ANCE
T	-0 !-	
1	REVOR BUNRAJ PROPERTY MI	AINTENANCE.
		
		
 		
		<u></u>
		
		
If an effectiv <u>Note:</u> If th	date, if other than the date of filing: 01 08 2016 (or date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days are date inserted in this block does not meet the applicable statutory filing requirements, is effective date on the Department of State's records.	optional) after filing.) Pursuant to 605.0207 (3)(b this date will not be listed as the
ne record	d specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on the earlier of:
The 90	th day after the record is filed.	TAN TAN
Dated	01/21/ 2016	29 F
	Signature of a member or authorized representative of a member	
	TREVOR BUNRAJ	⊅r O
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

Date of this notice: 06-03-2015

Employer Identification Number:

47-4178316

Form: SS-4

Number of this notice: CP 575 G

TREVOR BUNRAJ AFFORDABLE PROPERTY MAINTENANCE 2000 NW69TH TER MARGATE, FL 33063

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4178316. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is BUNR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.