2/600688802

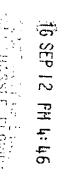
/Po	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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August 23, 2016

ERNEST J JORDAN 14148 CORRINE CIR JACKSONVILLE, FL 32258 US

SUBJECT: M.O.T.B .PROPERTY PRESERVATION LLC

Ref. Number: L16000088802

We have received your document for M.O.T.B .PROPERTY PRESERVATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 816A00017867

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:M.O.	T.B. Property Name of Limbe	Preservation LL	<u>-C</u>
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Ernest Joro	Name of Person	
		Firm/Company	
	14148 Corri	ne Cir Address	
	Jackgonville	Florida 32258 City/State and Zip Code pail. Com be used for future annual report notification	
-	Anover 40 6 Gr E-mail address: (to	be used for future annual report notification	on)
	eerning this matter, please call		
Ernest Jord Name of Pe	erson	at (<u>904</u>) <u>444 - 400</u> Area Code Daytime Tel	44 ephone Number
Enclosed is a check for the f	ollowing 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 ARTICLES OF ORGANIZATION **OF**

M. O.T.B. Proper	ty Preservation LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
	lity Company were filed on and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the Property Preservation. The new name must be distinguishable and contain the words.	e limited liability company here: OF NorthEast Florida LLC s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>
registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	The second secon
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 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

	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	(optional) f filing or more than 90 days after filing.) Pursuant to 605.020 autory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an ef he 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier ϵ
ed	
Signaphre of a member or authorized rep Ernest J Jordan Typed or printed name	

Page 3 of 3

Filing Fee: \$25.00