

L16000089490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**FILED**  
17 AUG 28 AM 7:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 29 2017

J SHIVERS

August 21, 2017

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Via Certified Return Receipt**  
**7013-1090-0002-0259-7400**

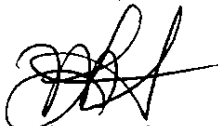
**RE: Superior Property Maintenance & Painting Services, LLC**  
**Document # L16000089490**

To Whom It May Concern:

Please note that due to a very serious and recent medical diagnose my father-in-law, Mr. Felix Llanes, can no longer be the owner/manager of **Superior Property Maintenance & Painting Services, LLC**. At this time I will be taking over the business and will be the new Owner/Manager for the entity. I have enclosed the completed Articles of Amendment for the company and would greatly appreciate it this can be processed and update in the system.

Should you have any questions or concerns I can be reached at SPMServices1@yahoo.com or via phone at 786-312-5403. Thank you in advance for your assistance in this matter.

Sincerely,



Milagros Llanes  
Superior Property Maintenance  
& Painting Services, LLC  
6330 SW 19 Terrace  
Miami, FL 33155

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SUPERIOR PROPERTY MAINTENANCE & PAINTING SERVICES, 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:

MILAGROS LLANES

Name of Person

SUPERIOR PROPERTY MAINTENANCE & PAINTING SERVICES, LLC

Firm/Company

6330 SW 19 TERRACE

Address

MIAMI, FL 33155

City/State and Zip Code

SPMSERVICES1@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILAGROS LLANES

786

312-5403

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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  
TO  
ARTICLES OF ORGANIZATION  
OF**

SUPERIOR PROPERTY MAINTENANCE & PAINTING SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/1/2016 and assigned  
Florida document number L16000089490.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: MILAGROS LLANES

New Registered Office Address: 6330 SW 19 TERRACE

*Enter Florida street address*

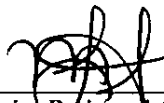
MIAMI

, Florida 331

*City*

**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**

**FILED**  
**17 AUG 28 AM 7:49**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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>     | <u>Address</u>     | <u>Type of Action</u>                      |
|--------------|-----------------|--------------------|--|
| MGR          | FELIX LLANES    | 6330 SW 19 TERR    | <input type="checkbox"/> Add               |
|              |                 | MIAMI, FL 33155    | <input checked="" type="checkbox"/> Remove |
|              |                 |                    | <input type="checkbox"/> Change            |
| MGR          | MILAGROS LLANES | 6330 SW 19 TERRACE | <input checked="" type="checkbox"/> Add    |
|              |                 | MIAMI, FL 33155    | <input type="checkbox"/> Remove            |
|              |                 |                    | <input type="checkbox"/> Change            |
|              |                 |                    | <input type="checkbox"/> Add               |
|              |                 |                    | <input type="checkbox"/> Remove            |
|              |                 |                    | <input type="checkbox"/> Change            |
|              |                 |                    | <input type="checkbox"/> Add               |
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|              |                 |                    | <input type="checkbox"/> Change            |
|              |                 |                    | <input type="checkbox"/> Add               |
|              |                 |                    | <input type="checkbox"/> Remove            |
|              |                 |                    | <input type="checkbox"/> Change            |

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 21, 2017

Signature of a member or authorized representative of a member

MILAGROS LLANES

Typed or printed name of signee