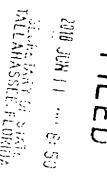


(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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COVER LETTER

Division of	Corporations				
MAIN SUBJECT:	TENANCE TECHNICIAN SOLUTIONS, LLC				
30b)EC1.	Name of Limited Liability Company				
The enclosed Article	es of Amendment and fee(s) are submitted for filing.				
Please return all corr	respondence concerning this matter to the following:				
	ROBERTO ANTONIO DIAZ				
Name of Person					
	MAINTENANCE TECHNICIAN SOLUTIONS, LLC				
	Firm/Company				
	15831 NW 52 AVE #304				
	Address				
	HIALEAH, FL 33014				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For further informati	ion concerning this matter, please call:				
ROBERTO ANTO	· · · · · · · · · · · · · · · · · · ·				
Na	me of Person Area Code Daytime Telephone Number				
Enclosed is a check:	for the following amount:				
■ \$25.00 Filing Fe	The Sign Sign Sign Sign Sign Sign Sign Sign				

MAILING ADDRESS:

TO:

Registration Section

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

MAINTENANCE TECHNICIAN SOLUTIONS, 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 01/31/2017 ___ and assigned Florida document number $\frac{1.17000023830}{}$ 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 "LLC." 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: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Name</u>	Address	Type of Action
AMBR	ROBERTO ANTONIO DIAZ	15831 NW 52 Ave. #304	
		Hialeah, FL 33014	Remove
			☐ Change
MGR	PATRICIA J. ALZAMORA	15831 NW 52 Ave. #304	■ Add
		Hialeah, FL 33014	Remove
			☐ Change
			□ Remove
			□ Add
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			Remove
			Change

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in effective date is listed, the conter- If the date inserted in	late must be specific and cannot be this block does not meet the a	e prior to date of filing o applicable statutory fi	r more than 90 days afte ling requirements, th	r filing.) Pursua is date will not	nt to 605.0 The Tisted
	the Department of State's rec		mg requirements, th	is date will not	oc nates
record specifies a di	elayed effective date, bu	it not an effective	e time, at 12:01	a.m. on the	earlier
The 90th day after th			o (c, ac 12.01	J J (170	
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	(1000001)	/ r authorized representat	, , ,		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee