

L17000159359

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

AUG 24 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Maintenance Pros of Tampa, 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:

TW Swenson III  
Name of Person  
SWENSON Enterprises  
Firm/Company  
112 Myrtle Ridge Rd  
Address  
LD12, FL, 33549  
City/State and Zip Code  
tyc@tycswenson.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TW Swenson at (813) 781-1969  
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**

The Maintenance Pros of Tampa, 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 7/26/17 and assigned Florida document number 617000159359.

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:

TW Swanson III

New Registered Office Address:

112 Myrtle Ridge Rd

Enter Florida street address

LV12

City

Florida

33549

Zip 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.*

TW Swanson III

If Changing Registered Agent, Signature of New Registered Agent

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TAMPA 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	TW Swenson III	112 Myrtle Ridge Rd	<input checked="" type="checkbox"/> Add
		W12, FL 33549	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

[illegible]

**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

8/17/17

Tw 8 ~~11~~

Signature of a member or authorized representative of a member

TW Swenson III

Typed or printed name of signee

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**Filing Fee: \$25.00**

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