11700016996

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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| <u> </u> | | |





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2017 SEP -1 PH 2: 21

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COVER LETTER

| | | ation Sect of Corpo | | | |
|-----------|------------|------------------------|---|--|---|
| er n ie c | | om and D | ustpan Maintenance LLC | | |
| SUBJEC | .1: | • | Name of Lim | ited Liability Company | |
| The enclo | osed Art | icles of Ar | nendment and fee(s) are sub- | mitted for filing. | |
| Please re | turn all o | correspond | lence concerning this matter | to the following: | |
| | | | Daltas Walmsley | | |
| | | | | Name of Person | |
| | | | Droom and Dustpan Maint | enance LLC | |
| | | | | Firm/Company | |
| | | | 4678 Cerny Rd. | | |
| | | | | Address | |
| | | | Pensacola, FL 32526 | | |
| | | | | City/State and Zip Code | |
| | | | sendthemhere9656@yahoo. | com to be used for future annual report n | |
| For furth | er inforr | nation con | cerning this matter, please ea | | ouncation) |
| Dallas W | 'almsley | • | | 850 208-5851 | |
| | | Name of P | erson | at () Area Code Dayt | ime Telephone Number |
| Enclosed | is a che | ck for the | following amount: | | |
| \$25.0 | 00 Filing | g Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy radditional 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

2017 SEP-1 PM 2:21

Broom and Dustpan Maintenance 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 $\frac{08/09/2017}{}$ | and assigned |
|---|---|------------------------------|
| Florida document number L17000169996 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity 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 of | ffice address on our records | enter the name of the new |
| registered agent and/or the new registered office address her | | enter the name of the new |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | rida |
| | City | Zip Code |
| Non-Designated Assessant Company of the state Designation Assessant | | |

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 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|-----------------|----------------|---------------------|----------------|
| AMBR | Steven Tillery | 1521 E Olive Rd. | |
| | | Pensacola, FL 32514 | ■ Remove |
| | | | ☐ Change |
| AP Keith Foster | Keith Foster | 512 Lakewood Rd | □ Add |
| | | Pensacola, FL 32507 | ■ Remove |
| | | | Change |
| | | | □ Add |
| | | | Champe C |
| | | | E 300 22 |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | 🖸 Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | |

| | 2017 SEP - 1 PM 2: 22 |
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| (If an effective Note: If th | late, if other than the date of filing: (optional) e 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)() e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records. |
| | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the carrier of: |
| Dated | |
| | Talles Alda |
| - | Signature of a member or authorized representative of a member |
| | Dallas Walmsley |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00