## L17000196247

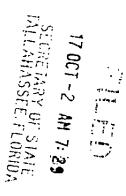
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

ro: Registration So Division of Co					
A & C MA SUBJECT:	INTENANCE SOLUTIONS, I	LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ŧ	EVERLINDA TOLEDO			
		Name of Person			
	A & C MA	INTENANCE SOLUTIONS, LLC			
	Firm/Company				
	280 POE AVE				
		Address			
	NORTH FO	ORT MYERS, FL 33917			
		City/State and Zip Code			
		ES2010@HOTMAIL.COM to be used for future annual report noti	(Testion)		
For further information i	concerning this matter, please c		incarron,		
	NDA TOLEDO	239 333-6768			
Name of Person		at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he 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 enclose		

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

## A & C MAINTENANCE SOLUTIONS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 09/21/2017 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned L17000196247 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A 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.

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
MGR	JORGE GUTTERREZ	280 POE AVE	<b>=</b> Add
		NORTH FORT MYERS, FL 33917	<b>D D</b>
			Change
			□ Add
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	specifies a delayed day after the reco			not an effe	ctive time, a	t 12:01 a.ı	n. on t	the ea	ırlier
ted	SEPTEMBER, 28	TH	. 2017	·					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00