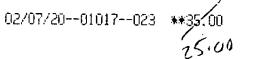
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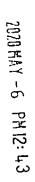
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2020

STEPHEN BORLEY 19877 MARKWARD CROSSING ESTERO, FL 33928

SUBJECT: MISSION CRITICAL SUPPORT ALLIANCE LLC

Ref. Number: L17000227640

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 920A00004848

www.sunbiz.org

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted.  Please return all correspondence concerning this matter to the   STEPHEN (  OLD - MISSION (  NEW - SWFL. I	d for filing.  following:  Sorley  Name of Person  RATICAL SUPPORT ALLIANCE:
Please return all correspondence concerning this matter to the  STEPHEN (  OLD - MISSION (  NEW - SWFL. A	Property ALLIANCE
Please return all correspondence concerning this matter to the  STEPHEN (  OLD - MISSION (  NEW - SWFL. A	Property ALLIANCE
STEPHEN ( OLD- MISSION) ( NEW- SWFL. /	Name of Person  RECTAL SUPPORT ALLIANCE:
NEW- SWFL. A	2. BORLEY  Name of Person  2. RITICAL SUPPORT ALLIANCE.
NEW- SWFL. A	STEPHEN C. BORLEY  Name of Person  OLD - MISSION CRITICAL SUPPORT ALLIANCE  NEW - SWFL PROPERTY CARE LLC.  Firm/Company  **WEN'  Address  ESTERO F1 33928  City/State and Zip Code  Scholey A yahoo-com  E-mail address: (to be used future annual report notification)  concerning this matter, please call:  2227  at (714)  Area Code  Area Code  Street Address:  Certificate of Status  Section  Registration Section  Division of Corporations  The Centre of Tallahassee
NEW- SWFL. A	
MARIUNGURI	PROPERTY CARE LLC.
ES	20007 MARKWARD XING
ES:	
Cir	TERO F1 33928
Schofley a	as yahoo - Com ·
	•
STEVE BORIET	at (714) 497-5143
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	Certified Copy Certificate of Status & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Strong Addresses

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISSION CR	CITICAL	SUPPORT 1	41.1IMNCE	ille	
(Name of the Limited L. (A F	iability Compa lorida Limited I	ny as it now appears on o	our records.)	2020 H	2
(Name of the Limited L.) (A Fill) The Articles of Organization for this Limited Liabil Florida document number 17-00027	ity Company 7640	were filed on $\frac{II}{I}$	12017	and assign	.ed;
This amendment is submitted to amend the following	ng:			PH 12: L	
A. If amending name, <u>enter the new name of the</u> SWFL PROPERTY CH	HK. C	l-C		, w	
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	e:	9911 CORK Suite ESTERD,	SCREW K 213 FL 33 <sup>1</sup>	128	
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BO.	<u>X)</u>	20007 M ESTERO,	MRKWAR. FL 33	b CLOSS 3928	
B. If amending the registered agent and/or registered and/or the new registered office address h	stered office lere:	address on our recor	ds, <u>enter the nan</u>	ne of the new 1	-egistered
Name of New Registered Agent:  New Registered Office Address:	LAW. 1900 L	RENCE NO FLADES RD Enter Florida s	# 300 treet address		
-	BOUH	KHIVN City	, Florida	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.

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>	Name	Address	Type of Action
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