

L17000257720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

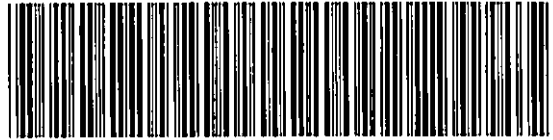
(Business Entity Name)

(Document Number)

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SECURITY & JUDGE  
ALLIANCE FLORIDA

FILED

US  
572618



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2018

ROBERT CLITES  
1820 N GOLDENROD RD ST 104  
ORLANDO, FL 32807 US

SUBJECT: TOTAL PROPERTY MAINTENANCE & LANDSCAPING II, LLC  
Ref. Number: L17000257720

We have received your document for TOTAL PROPERTY MAINTENANCE & LANDSCAPING II, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6051.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 018A00014120

48

RECEIVED

2018 JUL 25 AM 11:09

REGISTRATION  
DIVISION  
OF CORPORATIONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Total Property Maintenance & Landscaping  
Name of Limited Liability Company II, LLC.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Cutes, Owner-Manager  
Name of Person

TOTAL PROPERTY MAINTENANCE & LANDSCAPING  
Firm/Company

1020 N Goldenrod Rd Ste 104  
Address

Orlando FL 32807  
City/State and Zip Code

CONTACT TO TALEMLO@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Thacker at 407, 342-2366  
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

2018 JUN 11

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TOTAL PROPERTY MAINTENANCE AND LANDSCAPING II, 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 12-18-17 and assigned Florida document number L17000257720.

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*

Florida

*City*

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

MGR	Kodie Clites	1820 N Goldenrod Rd Ste 104 Orlando FL 32807	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

AMBR	Donna Thacker	1820 N Goldenrod Rd Ste 104 Orlando FL 32807	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add

**FILED**

☐ Remove  
Jul 25  
☐ Change  
☐ Add  
11:29  
☐ Remove

TALLAHASSEE FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2010 JUL 25 AM 11:23  
ST. LOUIS, FLORIDA  
ITALIAHASTE

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 07-18-~~18~~, 2018

*W. A. S.*

Robert Clites Owner/Manager  
Typed or printed name of signer