## L17000257720

(Re	equestor's Name)	<del></del>
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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C. GOLDEN FEB 1 8 2019

## **COVER LETTER**

	gistration Se vision of Cor			
SUBJECT:		erty Maintenance And Land	scaping II, LLC	
SUBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Robert Clites		
		TotalPML	Name of Person	
		1820 N Goldenrod Rd Ste	Firm/Company 104	
		Orlando FL 32807	Address	
		kclites.totalpml@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
Kolbie Clites  Name of Person		C Derson	321 412-2869 at ()	Telephone Number
	rame of	i Cison	Atea Code Daytine	retephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 I	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

FILED

2019 FEB 13 PM 5: 51

TOTAL PROPERTY MAINTENANCE & 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 \_\_\_\_12/18/2017 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: N/A 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: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (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: N/A New Registered Office Address: Enter Florida street address . Florida

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	<b>Type of Action</b>
AMBR	Carol Bruner		
		Carol Bruner - 1820 N Goldenrod	<i>D</i> //dd
		Rd Ste 104, Orlando FL 32807	■ Remove
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			□ Remove
		·	Change
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Tective date, if other than the one effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot be pr ck does not meet the app	ior to date of filing or n dicable statutory filin	(optional) ore than 90 days after filing, g requirements, this date	) Pursuant to 605.021 will not be listed a
record specifies a delayed The 90th day after the reco		not an effective t	ime, at 12:01 a.m.	on the earlier
February 11th	2019			
	1 1 .	1		
	100	ithorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00