<u>L16000006119</u>

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COVER LETTER

TO:				
CTID II			ERVICES LLC	
SUBJE	cci:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		DANIEL BEAUCHEMIN	- AMBR	
			Name of Person	
		TOWN & COUNTRY RE	SIDENTIAL SERVICES LLC	
		-	Firm/Company	
		10664 WINTERVIEW DR	₹	
			Address	
		NAPLES, FL 34109		d for filing. e following: MBR Name of Person ENTIAL SERVICES LLC Firm/Company Address ty/State and Zip Code M used for future annual report notification)
	TOWN & COUNTRY RESIDENTIAL SERVICES LLC Firm/Company 10664 WINTERVIEW DR Address NAPLES, FL 34109 City/State and Zip Code DANTCNAPLES@GMAIL.COM E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call: EL BEAUCHEMIN Name of Person 1239 Area Code Daytime Telephone Number Sed is a check for the following amount: 15.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)			
	The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DANIEL BEAUCHEMIN - AMBR			
For fur	ther information co	oncerning this matter, please ca	all:	
DANII	EL BEAUCHEMI	4		
	Name of	Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

2.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L18000006819 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 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	TOWN & COUNTRY RESIDENTI			
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 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 egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	(Name of the Limite	d Liability Comp A Florida Limited	pany as it now appears on our reco Liability Company)	ords.)
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 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 egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address			y were filed on <u>FEBRUARY 8</u>	and assigned
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Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	nter new principal offices address, if applica	ıble:	N/A	= \$\frac{1}{2} \frac{1}{2} \
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New Registered Office Address: Enter Florida street address				rds, enter the name of the
Enter Florida street address	Name of New Registered Agent:	N/A		
	New Registered Office Address:			*****
Florida			Enter Florida street add	lress
				FloridaZip 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Robert J. Zak	4511 SW 5th PL	
		Cape Coral, Fl 33914-6431	■ Remove
			Change
			Add
			Remove
			☐ Change
			Add
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		AP II:
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ffectiv	date, if other than the date of filing: February 2nd, 2018 (optional)	
<u>lote:</u> It	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur the date inserted in this block does not meet the applicable statutory filing requirements, this date will	not be listed
ocumer	's effective date on the Department of State's records.	
n roco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier
	Oth day after the record is filed.	the earner
The 9	2018	
	mon 2	
	May 2 2018	

Page 3 of 3

Filing Fee: \$25.00