119000047343

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
to Filing Officer:

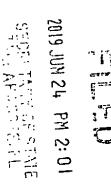




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COVER LETTER

TO: Registration Division of	on Section I Corporations	
SUBJECT:	laintenance Direct, UC, Name of Limited Liability Company	
The enclosed Article	les of Amendment and fee(s) are submitted for filing.	
Please return all corr	rrespondence concerning this matter to the following:	
	Jeremy Dy E Name of Person	
	Firm/Company	
	207 Chicago Ave	
	Valparaiso FL 32580 City/State and Zip Code	
	Seman address: (to be used for future annual report notification)	
For further informati	tion concerning this matter, please call:	
Jeremu	at (850) 815-6388 Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
໘ \$25.00 Filing Fe	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & py

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

Maintenance Dire	of UC	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L180004734/3</u> .	,	1	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_:	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		```	24 P
(Mailing address MAY BE A POST OFFICE BOX)			10 2
			구설 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, <u>entc</u>	er the name of the new
Name of New Registered Agent:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
New Registered Office Address:	Enter Florida s	treet address	
	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
AMBR	Gregg Rupe	207 Chicago Ave.	/A / Add
	J	207 Chicago Ave. Valparaiso, FL 32580	☐ Remove
			☐ Change
			Remove
			Change
			□ Add
			Remove
			□ Change
			□ Add
			□ Remove
			Change
		1-1-1	Add
			□ Remove
			Change
			Remove
			□ Change

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ın effi <u>ote:</u>	ve date, if other than the date of filing: \(\sqrt{0} \) \(\sqrt
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ned _	June 30 . 2019.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00