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COVER LETTER

	istration Sec sion of Corp				
Subject:		ors property maintance			
Subjec i.		Name of Limi	ited Liability Company		
The enclosed	Articles of i	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Christopher Butler			
			Name of Person		÷ 7
					3 3 32
			Firm/Company		į.
		2520 n andrews ave apt 30-	4		- '
			Address		` »
		wilton manors fl 33311			اد
			City/State and Zip Code	<u> </u>	3
		chris11523@gmail.com E-mail address: ()	to be used for future annual report r	notification)	
For further in	formation co	oncerning this matter, please co	·		
christopher b	utler		305 206-5053		
	Name of	Person		time Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified :	e of Status &

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

Wilton Manors Property Maintance LLC		
(Name of the Limited Liabilit (A-Florida	 Company as it now appears on our re- Limited Liability Company) 	ecords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/10/2018	and assigned
Florida document number E18000117710	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Wilton Manors Property Maintenance LLC		
The new name must be distinguishable and comain the words "Limi	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
	10 ² -01-0-11	
Enter new mailing address, if applicable:		<u>:</u>
(Mailing address MAY BE A POST OFFICE BOX)		}
		··:
B. If amending the registered agent and/or registered agent and/or the new registered office address.		eords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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

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
			Remove
			Change
			Add
			□·Remove
			Change
			☐ Remove
			☐ Change
			□·Add
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Effective	date, if other t	han the date of fili	ing:		(option	al)
Note: If t	the date inserted	e date must be specific a in this block does no on the Department o	t meet the applica	o date of filling or more ble statutory filling re	than 90 days after the quirements, this d	ing.) Pursuant to 605.0. ate will not be listed
ne recor The 90	d specifies a o Oth day after	delayed effective the record is filed	e date, but not d.	an effective tim	e, at 12:01 a.r	n. on the earlier
Dated	/15/2018					
	/2	1	 `		•	

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Typed or printed name of signee

Filing Fee: \$25.00