## 118000130481

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	9
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name	)
(Document Number)		
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SECKLIARY OF STATE
TALL AHASSEE, FLORIDA

AUG 2 5 2018 T SCHROEDER

## **COVER LETTER**

, TO:

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

	IAINTENANCE AND MORE	LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FRANK NEAL		
		Name of Person	
		Firm/Company	<del></del>
	401 E BEACH DR A2		
		Address	
	PC.FL 32401		
		City/State and Zip Code	
	FRIENDLYCORPORATE	_	
Book Combon in Consection		to be used for future annual report n	otification)
	concerning this matter, please c		
FRANK NEAL		850 819-4062 at ()	
Name o	rf Person	at ()Days	time Telephone Number
Enclosed is a check for the	he 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 radditional copy is enclosed)
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COU Registration Sec Division of Corp	

Clitton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{05/24/2013}{2}$	
Florida document number 1.18000130481	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
NEAUS MAINTENANCE AND MORE LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation	₹.
Enter new principal offices address, if applicable:	ALL:
Principal office address MUST BE A STREET ADDRESS)	- 100 T
	Sign of F
	Sign ≥ M
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	11 × 11
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:  Name of New Registered Agent:	¥ \$/
New Registered Office Address:  Enter Florida stree	
enter r toriua street	н шин илг
Cin	, 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>	<u>Address</u>	Type of Action
CEO	FRANK NEAL	401 EAST BEACH DR A2, PC.FL.	<b>=</b> Add
			Remove
		<del></del>	Change
			□ Add
			□ Remove
			□ Change
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Effe	ive date, if other than the date of filing: (optional)	
Note	ective 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 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lient's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	lier of:
Date	08/17/2018 2018	
Date		

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Typed or printed name of signee

Filing Fee: \$25.00