## 118000/1057/01

(Requestor's Name)
(Address)
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(Addiess)
(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

TO: Registration Division of C				
	PROPERTY PRESERVATION L	LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	ARLETHA RENA SCOT	г		
		Name of Person		
	A TO Z PROPERTY PRE			
		Firm/Company		
	701 W 8TH ST	. ,		
		Address	<del></del>	
	SANFORD, FL 32771			
	ATOZJUNKHAULING@G	City/State and Zip Code GMAIL.COM		2 001
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information	concerning this matter, please co	all:		Cold.
ARLETHA SCOTT		407 675-1684 at ( )		PH 11
Name	of Person	Area Code Daytime	Telephone Number	OF F
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	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

A TO Z PROPERTY PRESERVATION LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Cor	mpany were filed on JULY 09, 2018	and assigned
Florida document number L18000165761	÷	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe		er the name of the no
egistered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		- Ti
Negistered Office Address.	Enter Florida street address	
	m 2 a .	· · · · · · · · · · · · · · · · · · ·
<del></del>	, Florida	Zin 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>	Address	Type of Action
MGR	ARLETHA RENA SCOTT	701 W 8TH ST SANFORD, FL 32771	= Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
		<del> </del>	☐ Remove
		<del></del>	☐ Change
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date lote: If the date inserted in this block does not meet the applicable st ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an e The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of
orated OCTOBER 17 2018	
/ /// / 7/ //	

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Typed or printed name of signee

Filing Fee: \$25.00