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| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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# **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |
|---|--|
| SUBJECT: South Florida Property Preservation & Complexical Cleaning Name of Limited Liability Company   |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:   |  |
| Ryan Wayne  South Frontia Property  Preservation & commercial cheaning  Firm/Company  Jyou 8th St.  St. Flatersburg, FL 33705   |  |
| St. Peters long SL 33745  City/State and Zip Code  PURYNER SUFUPPLC. com  E-mail address: (to be used for future annual report notification)  |  |
| For further information concerning this matter, please call:  |  |
| Page 1 at 975 285 4746  Name of Person Area Code Daytime Telephone Number   |  |
| Enclosed is a check for the following amount:   |  |
| \$25.00 Filing Fee \$\Begin{array}{c} \Boxed{1} \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \Boxed{1} \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} |  |
|   |  |

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

South Florida Property Preservation 9 communical cleaning LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Con<br>Florida document number LIYOOOTA426 | mpany were filed on <u>07/2</u>        | and assigned                          |
|--|--|---------------------------------------|
| riorida document number  | <u>.</u> •                             |                                       |
| This amendment is submitted to amend the following:  |  |                                       |
| A. If amending name, enter the new name of the limit   | ed liability company here:             |                                       |
| The new name must be distinguishable and contain the words "Limite                                 | ed Liability Company," the designation | on "LLC" or the abbreyiation "L.L.C." |
| Enter new principal offices address, if applicable:  |  | · · ·                                 |
| (Principal office address MUST BE A STREET ADDRE   | ESS)                                   | <br>                                  |
|  |  | 4,0                                   |
|  |  |                                       |
|  |  | =                                     |
| Enter new mailing address, if applicable:  | <del></del>                            | - 3                                   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                       |
| B. If amending the registered agent and/or registered agent and/or the new registered office addre |  | records, enter the name of the new    |
| Name of New Registered Agent:  |  |                                       |
| New Registered Office Address:   | Enter Florida stree                    | n address                             |
|  |  | , 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

| Title      | <u>Name</u>         | Address                                      | Type of Action |
|------------|---------------------|--|----------------|
| <u>COO</u> | DANI WE A. ROBINSON | 11400 4th St. N.<br>St. Petersburg, Fr 33405 | 🗆 Add          |
|            |                     | 54. percosurg, + 2 33405                     | 🗹 Remove       |
|            |                     |  |                |
|            |                     | <del></del>                                  |                |
|            |                     | <del></del>                                  | ☐ Remove       |
|            |                     | <u> </u>                                     | ☐ Change       |
| CEO        | RYAN C. WAYNE       | 2400 gth St. S.<br>St. Peterslang, Ft 32905  | 🗆 Add          |
|            |                     | 04) pose slove, pc 3840)                     | □ Remove       |
|            |                     | 24172 8th CL C                               | 🖸 Change       |
| MGL        | RYAN C. WAYLL       | 24W 8th St. S.<br>St. Petersburg, Er 33705   | Add            |
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|            | Page                | 2 of 3                                       |                |

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|                              |   |                       |                                       |                         |
|                              |   |                       |                                       |                         |
| If the date inserted in this | the date of filing:  must be specific and cannot be properties block does not meet the approperation of State's reconstitution. | licable statutory fil |                                       | filing.) Pursuant to 60 |
| 90th day after the r         | ved effective date, but ecord is filed.   |                       |                                       |                         |
|                              | St 2018  Way  Signature of a member or at  YAN WAYNE  | :                     |                                       |                         |
| October 31                   | <del></del> •   |                       |                                       |                         |

Page 3 of 3

Filing Fee: \$25.00