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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Johnson's Property Preservation LLC. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dohnson's Property Preservation LLC Firm/Company	
4251 Caplock St.	3
Clermont, FL 34711 City/State and Zip Code	
Johnson Preser Vation Q yahoo. Com E-mail address: (to be used for future annual report notification)	· !
For further information concerning this matter, please call:	
Bridgette Sohnson at (35a) 988-0532 Name of Person Area Code Daytime Telephone Number	,
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Begin{array}{c} \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \end{array} \$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

Johnson's Property Preservation	on LLC.
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on	
· ·	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	g:
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	
	
	2章 4
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address on or registered agent and/or the new registered office address here:	our records, enter the name of the new
togate and the second s	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	a street address
	. 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.

City

Aunging Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added of removed from our records</u>:

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mcs. AM	Bridgette Johnson	4251 Caplock st Clermont, FL 34711	Nod
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Filing Fee: \$25.00