Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone

: (323)962-8600 Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GENERATOR MAINTENANCE OF FLORIDA LLC

Certificate of Status	0
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K. SALY FEB 26 2019 Registration Section

TO:

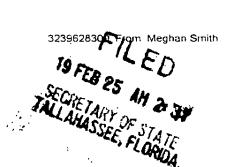
COVER LETTER

Divis	sion of Car	porations		
	GENERA'	TOR MAINTENANCE OF	FLORIDA LLC	
SUBJECT:		Name of Lim	ited Liability Company	
			•	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moscley		
			Name of Person	
		Legalzoom.com, Inc.		
			Finn/Company	
		101 N. Brand Blvd., 11t	h Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		sola1689@gmail.com		
			to be used for future annual report notif	(cation)
For further in	formation o	oncerning this matter, please ca	all;	
Cheyenne N	1oseley		800 773-0888 ex	xt. 9724
	Name o	f Person	at (: Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi	ling 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 (additional copy is enclosed)
	Registr	ING ADDRESS:	STREET/COURING Registration Section	n

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301 2/25/2019 6,47:49 AM PST

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GENERATOR MAINTENANCE	OF FI	ORIDA	LLC
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(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 Company Florida document number 1.19000019095	were filed on <u>01/17/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L L C "
Enter new principal offices address, if applicable:	101 Riviera Estates Blvd.	
(Principal office address MUST BE A STREET ADDRESS)	Ormond Beach, Florida 32174	
		
Enter new mailing address, if applicable:	101 Riviera Estates Blvd.	
(Mailing address MAY BE A POST OFFICE BOX)	Ormond Beach, Florida 32174	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		
	City	Zıp 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action .
AMBR	Chris Hatton	101 Riviera States Blvd	
		Ormand Beach, Florida 32174	☑ Remove
AMBR	Chris Hatton	101 Riviera Estates Blvd.	_ I Add
		Onnond Beach, Florida 32174	C Remove
			□ Add
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			_D Add
			_ Remove
			_□ Add _□ Remove
			_

If amending any other information, enter change(s) here: (Attach additional	u sneeis, ij necessar <u>y</u> .)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be not the date this document is filed by the Florida Department of State)	(optional) nore than 90 days after
Dated 2/15/19	
Signature of a member or authorized representative of	a member
Chris Hatton	
Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00

