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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Flawless Property Maintenance 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:
Heather Williams
Flawless Property Maintenance
1318 Tording St. S.E.
Palm Bay FC 32909
E-mail address: (to be user for future annual report notification)
For further information concerning this matter, please call:
Heather Williams at (772) 985 8923  Name of Person at (772) Daytime Telephone Number
Enclosed is a check for the following amount:    S25.00 Filing Fee   S30.00 Filing Fee &   \$55.00 Filing Fee &   \$60.00 Filing Fee, Certificate of Status & Certified Copy   Certificate of Status &   \$60.00 Filing Fee, Certificate of Status &   \$6
(additional copy is enclosed) Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

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

Flawless Proper	Company as it now a	un-tena ppears on our records.	nce LC
The Articles of Organization for this Limited Liability Com Florida document number <u>L1900076239</u>	npany were filed o		_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	<u>I l</u> iability compar	n <u>y here</u> :	
The new name must be distinguishable and contain the words "Limited	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 ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2019 AUG SECALLA TALLA
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office addres	s on our records,	ASSECTION 100
			. 00
Name of New Registered Agent:			
New Registered Office Address:	Ente	r Florida street address	
		, Flor	rida
	City		rida Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and	d agree to act in	this capacity. I furt	her agree to comply with to

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being address of each perso

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Heather 1	Williams 1318 Ton	diva St SEZAdd
	,	Williams 1318 Ton Palm Bay, F	□ Remove
			33939 - Change
			□ Remove
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			☐ Remove
			☐ Change
		<del></del>	□ Remove
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			☐ Remove
			☐ Change

Effective date, if other than the date of filing:  (optional)  If an effective 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 605.0207;  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.  Dated  Dated  Significant of a member or authorized representative of a member		
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Hearton William		
Signature of a member or authorized representative of a member	Dated _	July 31 2019.
		Signature of a member or authorized representative of a member
Heather Williams		Heather Williams

D.: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00