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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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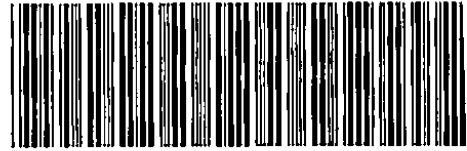
(Business Entity Name)

(Document Number)

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OCT 08 2019
S. YOUNG

STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enhanced Maintenance Solutions, 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:

Kraig Carmickle

Name of Person

Oiloftrop, LLC

Firm/Company

2100 S Hiawasse Road

Address

Orlando, FL 32835

City/State and Zip Code

pferris@evergreen-lm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kraig Carmickle

Name of Person

at (480) 353-9656

Area Code

Daytime Telephone Number

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)

☐ \$60.00 Filing Fee.
Certificate of Status
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**

Enhanced Maintenance Solutions LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 1, 2019

Florida document number L19000196190

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Oiloftrop, LLC

New Registered Office Address:

2100 S Hiawassee Road

Enter Florida street address

Orlando

City

Florida

32835

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 amendment 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.

Oiloftrop, LLC

By: 

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
<u>MGRM</u>	<u>Oilofrop, LLC</u>	<u>2100 S Hiawassees Road</u>	<input checked="" type="checkbox"/> .
		<u>Orlando, FL 32835</u>	<input type="checkbox"/>
		<u></u>	<input type="checkbox"/>
<u>MGRM</u>	<u>Jason Brown</u>	<u>2100 S Hiawassees Road</u>	<input type="checkbox"/>
		<u>Orlando, FL 32835</u>	<input checked="" type="checkbox"/> .
		<u></u>	<input type="checkbox"/>
<u></u>	<u></u>	<u></u>	<input type="checkbox"/>
		<u></u>	<input type="checkbox"/> F
		<u></u>	<input type="checkbox"/> C
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> A
		<u></u>	<input type="checkbox"/> R
		<u></u>	<input type="checkbox"/> C
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> A
		<u></u>	<input type="checkbox"/> R
		<u></u>	<input type="checkbox"/> C
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> A
		<u></u>	<input type="checkbox"/> R
		<u></u>	<input type="checkbox"/> C

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

N/A

E. 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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the
(b) The 90th day after the record is filed.

Dated August 27, 2019.



Signature of a member or authorized representative of a member

Kraig Carmickle

Typed or printed name of signee