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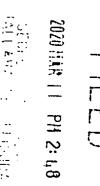
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporation			
SUBJECT:	ortheast Flori	da Maintence Group	LLC
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		<b>~</b>	
	Chris Blaich Name of Person		
		Name of Person	
	Northea	st Florida Mainter	nce Group LLC
	322 Magnoli	a Creek Walk	······
	Ponte Vedra	Florida 3208 City/State and Zip Code	1
	E-mail address: (i	3\& bmal . 6M o be used for future annual report notifica	tion)
For further information con-	cerning this matter, please ca	ill:	
<u>Chris</u>	Blaich	at (205) 561- Area Code Daytime Te	4119
Name of P	erson	Area Code Daytime Te	elephone 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 Sec	etion	Street Address: Registration Section	on
Division of Cor		Division of Corpor	rations
P.O. Box 6327		The Centre of Tall	ahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Northeast Florida	Maintence	Group LLC	
(Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appears on our reability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company we Florida document number 19000000000000000000000000000000000000	ere filed on	$\frac{9}{2019}$ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		2021 1741	
(Mailing address MAY BE A POST OFFICE BOX)		章 刊	
		P	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>e</u>	nter the name of the new registere	
Name of New Registered Agent:		: 	
New Registered Office Address:			
- Transfer of Tran	Enter Florida street address		
		_, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my dutie. ovided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shean Michael Bryant	2649 Cortez rd. Jacksonille	XAdd
		Florida 32246	□Remove
			□Change
<del></del>		<del></del>	🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			Change
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ivote:	ve date, if other than the date of filing:  (optional)  ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e record rd is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
<b>^</b>	3/9/20
Dated_	
Dated _	430
Dated <sub>-</sub>	Signature of a member or authorized representative of a member

EU B CARON