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COVER LETTER

ro:	Registration Sec Division of Corp	tion porations	·				
	Aspire Main	tenance & Property Solutions,	L1.C				
Name of Limited Liability Company							
The ci	nclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.				
Pleasc	return all correspon	ndence concerning this matter to	o the following:				
		Michael Ducharme					
			Name of Person				
		Aspire Maintenance & Prop	perty Solutions, LLC				
			Firm/Company				
		PO Box 3955					
			Address				
		North Fort Myers, FL 3391	8				
		aspirempsllc@gmail.com	City/State and Zip Code				
		E-mail address: (t	o be used for future annual report notifi	cation)			
For fi	arther information c	oncerning this matter, please ca	II:				
Sarah	ı Opiol		at () 4002033 Area Code Daytime				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclo	osed is a check for the	ne 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:

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

Aspire Maintenance & Property Solutions, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our rec imited Liability Company)	rords.)
the Articles of Organization for this Limited Liability Cor	npany were filed on 10/17/19	and assigned
lorida document number L19000260796		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRE	<u> </u>	ii § m
	·	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our rece ess here:	ords, <u>enter the name of th</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		, Florida
	City	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 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

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
AP	Teresa Hasbrouck	338 Deleware Rd Lehigh Acres, FL 33936	Add
			■ Remove
			Change
MGR	Thomas Hasbrouck	338 Deleware Rd Lehigh Acres, FL 33936	Add
			Remove
MGR	Michael Ducharme	1895 North Tamiami Trail Unit A-30	= Add
		North Fort Myers, FL 33903	Remove
			Change
			7 VO TI
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fective date, if other than the date of	filing:		(0	ptional)		
in effective date is listed, the date must be speci- ote: If the date inserted in this block does	ific and cannot be price	r to date of filing or	more than 90 days a	ifter filing.) l this date w	Pursuant ill not	t to 605.020 be listed a
ocument's effective date on the Department	nt of State's record	S.	ing requirements.			
record specifies a delayed effect The 90th day after the record is	tive date, but n filed.	ot an effective	time, at 12:0	1 a.m. o	n the	earlier o
October 31	2019					
111-						

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Typed or printed name of signee

Filing Fee: \$25.00