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| PICK-UP | ☐ WAIT | MAIL |
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| Special Instructions to | Filing Officer: | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2020

JOHN E. BARRINGTON MAINTENANCE BY BROADWAY LLC 1835 MAGNOLIA DRIVE N. FORT MYERS, FL 33917

SUBJECT: MAINTENANCE BY BROADWAY LLC

Ref. Number: L19000274346

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Signed
3/2/2020
Thank you

Susan Tallent Regulatory Specialist II

Letter Number: 820A00004190

www.sunbiz.org

Division of Compactions DO DOV 6207 Wallahassas Florida 2021



January 24, 2020

Dear Clerk:

Please file the attached documents and send letter of acknowledgement to the following.

Daytime Phone Number:

(239) 848-1542

Return Address:

John E. Barrington 1835 Magnolia Drive N. Fort Myers, FL 33917

Thank you for your assistance.

Sincerely,

John E. Barrington

John E. Barrington



COVER LETTER

TO:

Registration Section

| Div | ision of Cor | porations | | |
|---|--------------|---|---|--|
| our room | Maintenan | ce By Broadway, LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | ···· |
| | | Amendment and fee(s) are sub | - | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | John E. Barrington | | |
| | | | Name of Person | |
| | | Maintenance By Broadw | ray | |
| | | | Firm/Company | |
| | | 1835 Magnolia Drive | | |
| | | | Address | |
| | | N. Fort Myers, FL 33917 | | |
| | | | City/State and Zip Code | |
| | | Johnbarrington1206@gm E-mail address: (| to be used for future annual report no | tification) |
| For further in | nformation c | oncerning this matter, please c | • | |
| John E. Bar | rrington | | 239 848-1542 | |
| = = . | | f Person | at () Area Code Daytii | me Telephone Number |
| | | | | |
| Enclosed is a | check for th | ne following amount: | | |
| ≡ \$25.00 F | 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) |
| | iling Addres | | Street Address: | action |
| Registration Section Division of Corporations | | Registration Solution of Co | | |
| |). Box 632 | | The Centre of | Tallahassee |
| Tallahassee, FL 32314 | | 2415 N. Monr | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Maintenance By Broadway LLC | | |
|--|---|-------------------------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | npany as it now appears on our red Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Compa Florida document number <u>L19000274346</u> . | ny were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lie | ability 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) | | 2 |
| | ~= | 20 |
| | | AR |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | |
| | - | 12 |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | ee address on our records, <u>e</u> | nter the name of the new registered |
| Name CNI Design of A | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street a | ddress |
| | | . Florida Zip Code |
| | 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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|--|----------------|
| MGR | John E. Barrington | 1835 Magnolia Drive, N. Fort Myers, FL 33917 | 🗏 Add |
| | | | □Remove |
| | | | |
| MGR | Deanna B. Barrington | 1835 Magnolia Drive, N. Fort Myers, FL 33917 | = Add |
| | | | □Remove |
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| ctive date, if other than the c | January 24, 202 late of filing: | :0 | (optional) | |
| effective date is listed, the date must | late of filing: be specific and cannot be prior to date ck does not meet the applicable st | | | |
| ment's effective date on the De | | B.edanenie | mor die aute mit not de i | |
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| ord specifies a delayed effective filed. | date, but not an effective time, at | 12:01 a.m. on the earlie | r of: (b) The 90th day af | iter th |
| | | | | |
| , January 24 | 2020 | | | |
| d | · · | | | |
| d | 1 0 1 | | | |
| d | John E. Dar Signature of a member or authorized i | NATIONAL STATES | | |

Filing Fee: \$25.00