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COVERLETTER

TO: Registration Se Division of Cor			
SUBJECT:	CALCH S CONT	CV (1 Q M (1) ted Liability Company	intenance, LLC
	Amendment and fee(s) are sub-	-	
	Craig	Name of Person	
	Craig's co	MMercial Mai	ntenance, LLC
	2501 Crev	VY Rd.	
	Sarasota	FI 34240 City/State and Zip Code	
	CY CS CY E-mail address: (to	o be used for third annual report no	O ()
For further information c	oncerning this matter, please ca	11:	
OVYCAGA Name o	AQUAS FPerson	at (<mark>QUI) 20U</mark> Area Code Daytii	- 3865 me Telephone Number
Enclosed is a check for the	he following amount:		AUG.
☐ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing fee. Certificate of Status & Certified Copy (additional copuls enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	at Maintenance, LLC nv as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L200016747</u>	were filed on $\sqrt{-17-20}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. (Y) () () () () () () () () () () () () ()	cial Maintenance, Ll
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2501 Gerry RD. Sarasota, Fl 34240
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2501 Cherry Rd. Sarasota, El 34240
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:	A 3 6 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
New Registered Office Address:	Enter Florida street address
	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 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>	<u>Address</u>	Type of Action
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			Remove
			☐ Change
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			□Remove
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	a be specific and cannot be prior to date of ock does not meet the applicable sta	I filing or more than 90 days after	tional) er filing.) Pursuant to 605 nis date will not be list	0.0201 ed as
e record specifies a delayed effective rd is filed.	e date, but not an effective time, at 1	2:01 a.m. on the earlier of: ((b) The 90th day afte	r the
Dated <u>7-27-20</u>	·			
	Signature of a member or artiflorized re	oresentative of a member		
\	<i>'</i>			

Filing Fee: \$25.00