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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Madison Property Preservation LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher A. Madison Name of Person
Madison Property Preservation LLC
15560 McGregor Blvd, 10
Fort Myers, FL 33908 Chy. State and Zip Code
madison property preservation@ amail. Com E-mail address: & based for future annual reporting ification)
For further information concerning this matter, please call:
Christopher Madison at (239) 895-3365 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
▼1 \$25,00 Filing Fee

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

Florida document number <u>L20000172620</u> .		
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 I	Liability 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	<u></u>	2020 QCT -
Enter new mailing address, if applicable:		57 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)		PH 4: 44 OF STATE SEE. FL
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
- -	Enter Florida street address	
	Cuv. Flor	rida Zip Code
	C111	7.17 COM

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>	Name	<u>Address</u>	Type of Action
AMBR	Christopher Madison	15560 Mc Gregor Blud 10	iV.Add
		15560 Mc GregorBlud 10 For+ Myers, Fr 33908	□Remove
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<u>lote:</u> If the date	s listed, the date must be spe- inscrited in this block do- tive date on the Departm	ies not meet ti	he applicable s	e of filing or mor statutory filing	e than 90 days afte requirements, th	er filing.) Pursuan is date will not	rto 605.0 be listed)20 J-a
record specifies Lis filed.	a delayed effective date,	, but not an ef	fective time, a	t 12:01 a.m. or	the earlier of; (b) The 90th di	ıy after	the
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