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08/11/21



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07/26/21--01015--028 ++25.00



08/11/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MISC PROPERTIES & MAINTENANCE LLC
Name of the corporation or company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAMEL A R MCKINNEY

Name of Person

MISC PROPERTIES & MAINTENANCE LLC

Firm Company

3331 GULF TO LAKE HWY

Address

INVERNESS, FL 34453

City/State and Zip Code

PAMMCKINNEY@GMAIL.COM

E-mail address to be used for future action report notification

For further information concerning this matter, please call:

PAM MCKINNEY

Name of Person

352 584-1495
at 352 584-1495
Area Code Daytime Telephone 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)
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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**

MISC. PROPERTIES & MAINTENANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/02/2020 and assigned
Florida document number: 120000274259

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Pamela R McKinney 

New Registered Office Address:

Same
1

(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 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 Persons) 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>	<u>Type of Action</u>
MGR	WESLEY SHULT	1854 S OVERVIEW DR	☐ Add
		LECANTO FL 34461	☒ Remove
			☐ Change
MBR	WESLEY SHULT	1854 S OVERVIEW DR	☐ Add
		LECANTO FL 34461	☒ Remove
			☐ Change
MBR	CAMERON COOK	5490 S ASHLEY TERRACE	☐ Add
		INVERNESS FL 34452	☒ Remove
			☐ Change
MBR	COURTNEY COOK	5490 S ASHLEY TERRACE	☐ Add
		INVERNESS FL 34452	☒ Remove
			☐ Change
MBR	BROOKE MCKINNEY	1854 S OVERVIEW DR	☐ Add
		LECANTO FL 34461	☒ Remove
			☐ Change
MGR	PAM MCKINNEY	1471 N LAGOON PT	☒ Add
		INVERNESS FL 34452	☐ Remove
			☐ Change

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202!

PAMELA R. MCKINNEY

Filing Fee: \$25.00