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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

CUDIECT.	BLOODWORTH MAINTENANCE LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed	Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspond	ence concerning this matter	to the following:		
		DEBRA FASANO			
			Name of Person		
			Firm/Company		
		2203 SW 132ND WAY			
			Address		
		DAVIE FLORIDA 3333	25		
		116.0	City/State and Zip Code		
		debfas@aol.com E-mail address: (1	o be used for future annual report	notification)	
For further in	formation con	cerning this matter, please ca	·	ŕ	
BRIAN BLO	ODWORTH		954 205-255	ı	
	Name of P	erson		ytime Telephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling 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) 	
	ling Address:	ction	Street Address Registration		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLOODWORTH MAINTENANCE LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records. ed Liability Company))
The Articles of Organization for this Limited Liability Compa	ny were filed on02/01/2021	and assigned
lorida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
BLOODWORTH PROPERTY SERVICES LLC		
he new name must be distinguishable and contain the words "Limited Li-	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)		
THE DUTCE BUREAS MOST BE A STREET ADDRESSY		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offic	e address on our records, <u>enter t</u>	he name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, Flor	rida
	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
			□Add
			Remove
			Change
	<u></u>		□Adđ
			□Remove
			Change
			□Add
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			□Remove
			□Change
			Remove
			□ Change

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
-	
(If an effecti Note: If t	date, if other than the date of filing:
ne record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	FEBRUARY 18 2021
	hin hladet
	Signature of a member or authorized representative of a member BRIAN BLOODWORTH
	Typed or printed name of signec

Filing Fee: \$25.00