KZZ000240438

(Requestor's Name)
(Address)
(Address)
(,
(0) (0) (7) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Danuard Mumba)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special institutions to 1 mily officer.

Office Use Only



400389597854

06/24/22--01013--022 **30.00

TALL/HASSELT

2022 JUN 24 PM 2: 5

COVER LETTER

Division of Co	orporations	•	-
SUBJECT: <u>50</u> 1	 	nmercial Mainte	nance LLC
	Name of Lini	med manniy Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Joseph	LAConte	
	•	Name of Person	
		Firm/Company	······
	3/01 0	A. 01	
	3/6/ ()00) full KO	
	0) 0	Address A C/ >	
	Punta Gora	AAFL 33987 City/State and Zip Code)_
	1	City/State and Zip Code	.1
	<u>9</u> <u>So</u>	othwest. Commerci	Al @yAhoo.Cori
		•	neation)
For further information	concerning this matter, please or	all:	
Joseph	A Conte	au 941, 281-0	1296
	of Person		e 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)

Mailing Address:

TO:

Registration Section

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**

2022 JUN 24 PM 2:

South west Commercial Maintenance LLCs (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 $\frac{5/23/2.027}{2000240438}$ and assigned
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 "LLC" 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 registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida

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>	Address	Type of Action
AMBR	Joseph La Conte	3161 Duncan Rd	Z/Add
		Ponta Gorda FL 33982	□Remove
			🗆 Change
MGR_	Stephen LaConte	4425 Grobe St.	🗀 Add
		North Port IFL 3428	7 (ERemove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			🗆 Remove
			Change

_,											
											_
			· <u></u>		-		•			•, •	
							<u> </u>				_
	<u> </u>										_
						+					
									-: !	2022	
									7.	NUL !	- ''''
							 		75, 77, 7,	24	
						 -			<u> </u>	70	_; <u>_;</u>
									- (₁₎	_ ∸-	
									· · ·	5	_
											_
											_
			•						···		_
					_						_
											_
	late is listed, th date inserted	than the da	specific and does not r	d cannot be meet the ap	plicable :			90 days afte			
an effective d ofe: If the	HECHIVE IEOR	on the Depa	nument of t	state s rect	orus.						
an effective d ofe: If the										th day af	ter the
an effective of lote: If the ocument's e		d effective d	ate, but no	t an effecti	ve time, a	t 12:01 a.r.	n. on the e	arlier of: (b) the 90	·	
an effective of ote: If the ocument's e record specific filed.	ifics a delaye			t an effecti	ve time, a	t 12:01 a.r.	n. on the e	arlier of: (b) the 90	ŕ	
an effective of ote: If the ocument's e record specific filed.	ifics a delaye	d effective de		t an effecti	ve time, a	t 12:01 a.r.	n. on the c	arlier of: (b) The 90	·	