## L24000199901

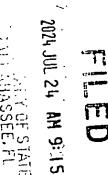
| (Re   | questor's Name)   | <del></del>   |
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| (Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: |                   |               |
| PICK-UP   | ☐ WAIT            | MAIL MAIL     |
| (Bu   | siness Entity Nar | ne)           |
|   |                   |               |
| (Do   | cument Number)    |               |
| Certified Copies  | _ Certificates    | s of Status   |
| Special Instructions to   | Filing Officer:   |               |
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07/24/24--01016--009 ++25.00





## **COVER LETTER**

| TO: Registration So<br>Division of Cor         |   |  |  |                         |                    |
|--|---|--|--|-------------------------|--------------------|
| SUBJECT: COMPLET                               | TE REAL PROPERTY SERVI                          | CES LLC  |  |                         |                    |
|  | Name of Lin                                     | ited Liability Company   |  |                         |                    |
|  |   |  |  |                         |                    |
| The enclosed Articles of                       | Amendment and fee(s) are sub                    | mitted for filing.   |  |                         |                    |
| Please return all correspo                     | ondence concerning this matter                  | to the following:  |  |                         |                    |
|  | THOMAS W MOORE                                  |  |  |                         |                    |
|  | - Incomes                                       | Name of Person   |  |                         |                    |
|  | COMPLETE DE LA DEC                              |  |  |                         |                    |
|  | COMPLETE REAL PROP                              | Firm/Company   |  |                         |                    |
|  |   | ,  |  |                         |                    |
|  | 6007 SW 91ST PL                                 |  |  |                         |                    |
|  |   | Address  |  |                         |                    |
|  | LAKE BUTLER, FL 3205                            | 54   |  |                         |                    |
|  |   | City/State and Zip Code  |  |                         |                    |
|  | THOMAS, MOORE, WESL                             | 4  | <del></del>  | : <b>2</b>              |                    |
|  | E-mail address: (                               | to be used for future annual report notific                      | cation)  | <b>024</b>              |                    |
| For further information of                     | concerning this matter, please c                | all:   |  |                         | 1                  |
| THOMAS MOORE                                   |   | at (305 ) 9031007  |  | 1ALLAHAS                | Charles<br>Charles |
| Name of Person Area Code Daytime Telephone Num |   | Telephone Number   | AH<br>OF   |                         |                    |
|  |   |  |  |                         | O                  |
| Enclosed is a check for the                    | he following amount:                            |  |  | 9: 15<br>STATE<br>E. FL |                    |
| ■ \$25.00 Filing Fee                           | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filin<br>Certificate of<br>Certified Co<br>radditional cop | of Status &             |                    |
| <u>Mailing Addres</u><br>Registration          |   | Street Address:<br>Registration Sect                             | ion  |                         |                    |

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| COMPLETE REAL PROPERTY SERVICES LL   |   |  |
|--|---|--|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Limi   | mpany as it now appears on our records.) ted Liability Company) |  |
| The Articles of Organization for this Limited Liability Comp Florida document number L24000199901                  | any were filed on <u>04/29/2024</u>                             | and assigned                           |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited l   | liability company here:   |  |
| The new name must be distinguishable and contain the words "Limited L  | iability Company," the designation "LLC" or the                 | abbreviation "L.L.C."                  |
| Enter new principal offices address, if applicable:  | · <del></del>   |  |
| (Principal office address MUST BE A STREET ADDRESS   | <u> </u>  | 024                                    |
|  |   |  |
|  |   | 2                                      |
| Enter new mailing address, if applicable:  |   | SSC                                    |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |  |
|  |   |  |
| B. If amending the registered agent and/or registered offi<br>agent and/or the new registered office address here: | ice address on our records, <u>enter the n</u>                  |  |
| Name of New Registered Agent:  |   |  |
| New Registered Office Address:   |   | ······································ |
|  | Enter Florida street address                                    |  |
|  | , Florida   |  |
|  | Citv  | 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> | Name           | Address                                | Type of Action |
|--------------|----------------|--|----------------|
| MGR          | THOMAS W MOORE | 6007 SW 91ST PL, LAKE BUTLER, FL 32054 | ■ Add          |
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| an effective date is listed, lote: If the date inserte | r than the date of file<br>the date must be specific a<br>ed in this block does no<br>te on the Department o | and cannot be prior to da<br>it meet the applicable | statutory filing require  | (optional)<br>90 days after filing.<br>ements, this date | ) Pursuant to 605.0<br>will not be listed | 0207 (<br>d as t |
| record specifies a delay<br>i is filed.                | ved effective date, but n  | iot an effective time,                              | at 12:01 a.m. on the ea   | urlier of: (b) Th  | e 90th day after                          | the              |
| ated July 21   |  |   |                           |  |   |                  |
| thomas m   | <del></del>  |   |                           |  |   |                  |
|  | Signature of   | a member or authorize                               | d representative of a men | nber   | -   |                  |
| thomas mooi  | re   |   |                           |  |   |                  |
| montas nitoti  | <del> </del>   | Typed or printed na                                 |                           |  |   |                  |

Filing Fee: \$25.00