L24000/99901

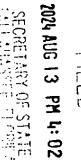
(Requestor's Name)
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(Document Number)
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COVER LETTER

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TO: Registration Se Division of Cor		*	·
SUBJECT: COMPLET	TE REAL PROPERTY SERVE	CES LLC	
		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		
		Name of Person	
	COMPLETE REAL PROI	PERTY SERVICES LLC	
		Firm/Company	•
	7030 07.1	•	
	7830 sw 97th ave	Address	
	Gainesville, FL 32608		
	THAN SO MANADO WEST	City/State and Zip Code	
	THOMAS.MOORE.WESL E-mail address; (to be used for future annual rep	port notification)
For further information c	oncerning this matter, please c	all:	
THOMAS MOORE		at (305) 903-	1007
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Add	
Registration S Division of C		_	on Section of Corporations
P.O. Box 632	•		or Corporations

P.O. Box 6327

Tallahassee, FL 32314

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 LLC		
(Name of the Limited Liability Comp. (A Florida Limited	<u>iny as it now appears on our records.)</u> Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>04/29/2024</u>	and assigned
Florida document number <u>L24000199901</u> .		
his amendment is submitted to amend the following:		
x. If amending name, enter the new name of the limited liah	ility company here:	
		<u> </u>
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the above viate "L.L.C."
Enter new principal offices address, if applicable:		AUG #
Principal office address MUST BE A STREET ADDRESS)		FILED GI3 PM
		응 듯 등
Inter new mailing address, if applicable:		<u>ਵੱਲ 8</u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office	address on our records, <u>enter th</u>	e name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		····
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	Zin 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 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
MGR	THOMAS W MOORE	7830 SW 97th Ave, Gainesville, FL 32608	= Add
			□Remove
			□Change
-			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		·	□Remove
			□Change
			□ Add
			□Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe <u>Sote:</u>	ve date, if other than the date of filing:
record is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated ₋	Aug 9
	Signature of a member or authorized representative of a member
	Thomas Moore
	Typed or printed name of signee

Filing Fee: \$25.00