

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
FIRST REVENUE ASSURANCE, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

JUN 2 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Revenue Assurance, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M06000000630

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kate Seidita

Name of Person

C T CORPORATION SYSTEM

Name of Firm/Company

111 8th Avenue, 13th Floor

Address

New York, New York 10011

City/State and Zip Code

kate.seidita@wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kate Seidita

at (212) 894-8526

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 20 AM 6:00

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

_____, hereby resigns as
Name of Registered Agent

Registered Agent for _____

First Revenue Assurance, LLC

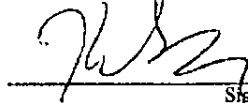
Name of Limited Liability Company

M06000000630

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

C T Corporation System - Kate Seidita

Typed or Printed Name

Assistant Secretary

Capacity

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 20 AM 6:00

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

INHS17 (2/14)

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Buzzard Pressure Washing & Lawn 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 01/07/2016 and assigned
Florida document number L16000003241

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Buzzard Maintenance, LLC

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:

1530 West 9th Street

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32209

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:

New Registered Office Address:

(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

6/17/2016 3:20 PM FROM: 9045125381

TO: +18506176383

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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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|------------------------|---|
| Owner | Lateya N. Bossard | 1530 West 9th Street | <input checked="" type="checkbox"/> Add |
| | | Jacksonville, FL 32209 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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16 JUN 20 16:06:00
STATE SECRETARY OF FLORIDA
TALLAHASSEE, FL 32304

6/17/2016 3:20 PM FROM: 9045125381

TO: +18506176383

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
JAN 6: 00

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record 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 record is filed.

Dated June 16

2016

Signature of a member or authorized

Signature of a member or authorized representative of a member

Latoya N. Bussard

Typed or printed name of signee