

11/17/2016

Division of Corporations

M10000001320

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 : (614)280-3338
Fax Number : (954)208-0845

****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 AMND/RESTATE/CORRECT OR M/MG RESIGN MAINTENANCE ENTERPRISES, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Rec - 11/17

M. MILLIGAN

NOV 18 2016

Electronic Filing Menu

Corporate Filing Menu

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Maintenance Enterprises, L.L.C.

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M10000001320

3. Jurisdiction of its organization: Louisiana

4. Date authorized to do business in Florida: 03/22/2010

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Old Maintenance Enterprises, L.L.C.
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

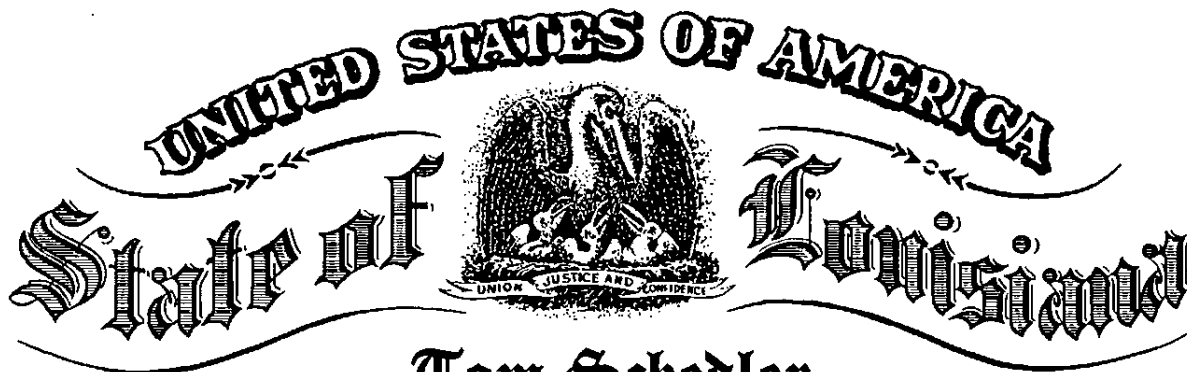
Michael Campesi
Signature of the authorized representative

Michael Campesi, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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FILING
CLERK
STATE OF NEW YORK
JULIA A. GREGG
CLERK OF THE SUPREME COURT
JULIA A. GREGG
CLERK OF THE SUPREME COURT



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

In response to your request we are pleased to provide the information on the subject
Limited Liability Company which filed articles of organization in this office on January
04, 1993.

Name: OLD MAINTENANCE ENTERPRISES, L.L.C.

Type: Limited Liability Company

City: WHITE CASTLE

Status: ACTIVE

Previous Names:

MAINTENANCE ENTERPRISES, L.L.C. (Changed: 11/14/2016)

MAINTENANCE ENTERPRISES, INC. (Changed: 12/31/2009)

INTERNATIONAL ENTERPRISES, INC. (Changed: 1/4/1993)

Business: OLD MAINTENANCE ENTERPRISES, L.L.C.

Charter Number: 34425691 K

Registration Date: 1/4/1993

Domicile Address

52410 CLARK RD.
WHITE CASTLE, LA 70788

Mailing Address

C/O MICHAEL A. CAMPESI
52410 CLARK RD.
WHITE CASTLE, LA 70788

Status: ACTIVE

Annual Report Status: In Good Standing

Last Report Filed: 12/28/2015

Type: Limited Liability Company

Registered Agent(s)

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STATE OF LOUISIANA
SECRETARY OF STATE
OFFICE OF THE CLERK

Agent: MICHAEL A. CAMPESI
Address: 52410 CLARK RD.
City, State, Zip: WHITE CASTLE, LA 70788
Appointment Date: 1/4/1993

Officer(s)

Additional Officers: No

Officer: ROSS J. CAMPESI, JR.
Title: Manager
Address: 52410 CLARK RD.
City, State, Zip: WHITE CASTLE, LA 70788

Officer: MICHAEL A. CAMPESI
Title: Manager
Address: 52410 CLARK RD.
City, State, Zip: WHITE CASTLE, LA 70788

Officer: PATRICK O. CAMPESI
Title: Manager
Address: 52410 CLARK RD.
City, State, Zip: WHITE CASTLE, LA 70788

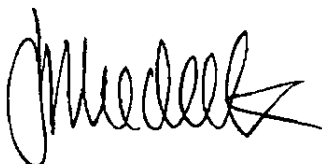
Amendments on file

Date	Description
1/4/1993	Name Change
4/3/2003	Appointing, Change, or Resign of Officer
12/31/2009	Conversion
12/31/2009	Name Change
11/14/2016	Name Change

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CLERK OF COURTS
BAYLUM

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 16, 2016



Secretary of State

Web 34425691K



Certificate ID: 10767565#62N83

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov