PO4 000073908

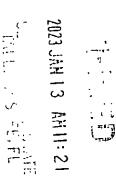
(Requestor's Name)
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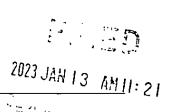
TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Premier Property N	Management of Central Flor	rida, Inc.		
	BER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Gina Holbrook				
		Name of Contact Persor	1		
	Premier Property Management of Central Florida, Inc.				
	Firm/ Company				
	3112 W. Lake Mary Blvd.				
		Address			
	Lake Mary, Florida 32746				
		City/ State and Zip Code	2		
	gina.holbrook@premiermgm	itcfl.com			
		sed for future annual report	notification)		
For further informatio Dennis Fountain	n concerning this matter, pleas	se call: at (⁴⁰⁷	588 7520		
Name	of Contact Person				
Enclosed is a check fo	or the following amount made	payable to the Florida Depo	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Div P.O	ding Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation

of

PREMIER PROPERTY MANAGEMENT OF CENTRAL FLORIDA, INC.



P04000073908	n as currently filed with the Florida Dept. of State)
· · · · · · · · · · · · · · · · · · ·	ent Number of Corporation (if known)
	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
Maintenance by L&G. Inc.	The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	6320 S. Sylvan Lake Dr
Principal office address MUST BE A STREET ADDI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	6320 S. Sylvan Lake Dr.
100 man 100 ma	Sanford, Florida 32771
 If amending the registered agent and/or registered new registered agent and/or the new registered o 	
Name of New Registered Agent	
	an Lake Dr.
0.020 S. SYIVe	
	(Florida street address)
New Registered Office Address: Sanford	(Florida street address) 32771 Florida

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and raddress of each Officer and/or Director being added:

(Attach-additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

X Change	<u>171</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>SV</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				<u> </u>
Add				
Remove 3) Change				
Add				
Remove				
4) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
5) Change		_		
Add				••
Remove				
6) Change		_		
Add				
Remove				

(Attach <i>addi</i>	g or adding addition: itional sheets, if neces:	sary). (Be specif	ic)			
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If an ameno	lment provides for a	n exchange, recla	ssification, or ca	ncellation of issu	ed shares,	
if not	for implementing th applicable, indicate N	<u>e amendment if n</u> //A)	iar cantainea in i	the amendment it	<u>isett:</u>	
١		•				
						
				·		
				· ,-		
	·			<u> </u>		
					<u> </u>	-

The date of each amendmen date this document was signed	t(s) adoption: January 1, 2023	, if other than the
Effective date if applicable:	January 1, 2023	
Tirective date it applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder	action and shareholder
	re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following sta ed for each voting group entitled to vote separately on the amendment(s):	tement
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated Janua	ary 1, 2023	
Signature _	Deria n Halbreak	
So	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	Gina Holbrook	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	