

LOT 000024423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

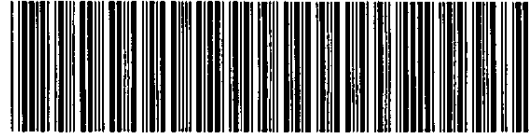
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800264884968

10/06/14--01052--021 **25.00

FILED
2014 OCT -6 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 13 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

Fam-One Property Management, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hector Arguello, Sr.

Name of Person

Fam-One Property Management, LLC

Firm/Company

6835 SW 115 Street

Address

Miami, Florida 33156

City/State and Zip Code

hrarguello@gmail.com

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

For further information concerning this matter, please call:

Hector Arguello, Sr.

786

412-4435

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT -6 PM 1:22

FILED

**TO
ARTICLES OF ORGANIZATION
OF**

Fam-One Property Management, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

March 06, 2007
~~September 14, 2007~~

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L07000024423

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FILED	2014 OCT -6 PM 1:22	SECRETARY OF STATE TALLAHASSEE, FLORIDA
-------	---------------------	--

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:

<u>Name of New Registered Agent:</u>	<u>Hector Arguello, Sr.</u>
<u>New Registered Office Address:</u>	<u>6835 SW 115 Street</u>
	<small>Enter Florida street address</small>
<u>Miami</u>	<u>33156</u>
<small>City</small>	<small>Zip Code</small>
	<u>Florida</u>

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.

x 
If Changing Registered Agent, Signature of New Registered Agent

Authorized Member 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>
MGRM	Hector Arguello, Jr.	6835 SW 115th Street	<input type="checkbox"/> Add
		Miami, FL 33156	<input checked="" type="checkbox"/> Remove
MGRM	Olga Arguello	851 North Glebe Road Apt. 418	<input type="checkbox"/> Add
		Arlington, VA 22203	<input checked="" 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

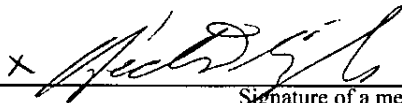
2014 OCT - 22 PM
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 3, 2014

x 

Signature of a member or authorized representative of a member

Hector Arguello, Sr.

Typed or printed name of signee

2014 OCT -6 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED