

107000024423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

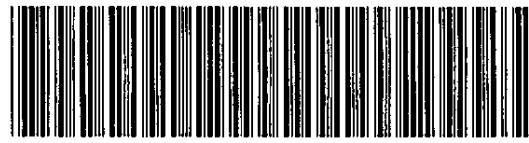
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 13 2014

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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 (_____)

Area Code

Daytime Telephone Number

Name of Person

25 OCT 6 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

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 March 06, 2007 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)

2014
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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:

Hector Arguello, Sr.

New Registered Office Address:

6835 SW 115 Street

Enter Florida street address

Miami

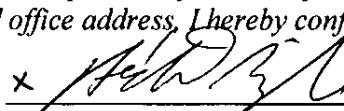
, Florida 33156

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.

X 

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager

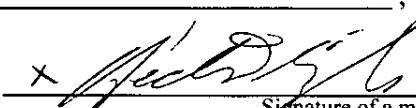
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Hector Arguello, Jr.	6835 SW 115th Street Miami, FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Olga Arguello	851 North Glebe Road Apt. 418 Arlington, VA 22203	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<i>2014 Oct - 22</i>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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



Signature of a member or authorized representative of a member

Hector Arguello, Sr.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

FILED

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Filing Fee: \$25.00