

L10000082367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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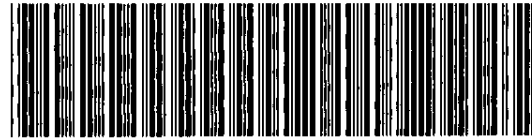
(Business Entity Name)

(Document Number)

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2012 JAN 17 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 18 2012

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ARGO GROUP OF TAMPA LLC  
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:

CARLOS H. ARIAS  
Name of Person

ARGO GROUP OF TAMPA, LLC  
Firm/Company

130902 N DALE MARY HWY  
Address

Tampa FL 33618  
City/State and Zip Code

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

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FLORIDA

For further information concerning this matter, please call:

CARLOS H. ARIAS at (813) 810-9325  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ARGO GROUP OF TAMPA 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 08/05/2010 and assigned Florida document number L10000082367

This amendment is submitted to amend the following:

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

ARGO GROUP PROPERTIES LLC  
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)

130902 N DALE MABRY Hwy  
Tampa, FL  
33618

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

130902 N DALE MABRY Hwy  
Tampa, FL  
33618

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: CARLOS H. ARIAS  
New Registered Office Address: 20240 MARRY OAK AVE  
*Enter Florida street address*  
Tampa, FL 33647, Florida 33647  
*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 608, 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.

Carlos H. Arias  
If Changing Registered Agent, Signature of New Registered Agent

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**If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

MGR = Manager  
MGRM = Managing Member

<u>Title</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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
 2012 JAN 17 PM 4:06

FILED

Dated \_\_\_\_\_

Carlos H. Arias  
Signature of a member or authorized representative of a member

CARLOS H. ARIAS  
Typed or printed name of signee