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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 1 2 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ADA STREET PROPERTIES, 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:
STEPHANIE M. D'MARA  Name of Person
Firm/Company
12763 - 112+n ST. N Address
LARGO, FL 33778  City/State and Zip Code  TALL SECRETARY City/State and Zip Code
STEFFOLY @ EARTHLINK, NET =
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MICHAFI STEFFENI 727 420 283 0
MICHAEL STEFFEN at 727, 420 2839  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  □ \$25.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

**MAILING ADDRESS:** 

Certificate of Status

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

## STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ADA STREET PRO	PERTIES, LI	<u>-</u> C
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our re- ability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 22000398/2	were filed on March	2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		CS B B
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	22 <del>-</del>
		3° O
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our record :	s, enter the name of the new
Name of New Registered Agent:	Removing	a member
New Registered Office Address:		
New Registred Office Francis.	Enter Florida	street address
	. <b>F</b>	· lorida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

company has been notified in writing of this change.

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Demetrios Liadis	9713 Manassas Forge De	Add
		9713 Manassas Forge De Manassas, VA 2011	Remove
			Remove
			Add
		·	Remove
			APPROVED AND FILED FILED ARE 9: 40 SECRETARY OF STATE TALLAHASSEE. FLORIDA
			Add Remove
<del></del>			Add

ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
I	Dec. 7, 2012
	Signature of a member or authorized representative of a member
	Stephanie M. D'Mara Typed or printed name of signee

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Filing Fee: \$25.00

AND FILED 12 DEC 10 AM 9: 40 SECRETARY OF STATE