

L13000142574

(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



500259538165

05/16/14--01012--006 **25.00

2014 MAY 16 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 22 2014
T CLINE

L13-142574

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1 FLORIDA PROPERTIES ENTERPRISE 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:

BETHZABE DELGADO

Name of Person

Firm/Company

P.O. BOX 350196

Address

JACKSONVILLE, FL 32235

City/State and Zip Code

FLpropertiesenterprise@gmail.com

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

For further information concerning this matter, please call:

Bethzabe Delgado

Name of Person

at **(718) 413-3142**

Area Code

Daytime Telephone Number

2014 MAY 16 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

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**

1 FLORIDA PROPERTIES ENTERPRISE 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 _____ and assigned Florida document number _____.

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 16 PM 1:43

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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	RODA LAMARCHE	11544 PIN OAK TRL	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32225	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

RECEIVED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2014 MAR 16 PM 1:33

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

Four horizontal lines for amending information.

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 12th May, 2014

Handwritten signature of Bethzabe Delgado.

Signature of a member or authorized representative of a member

BETHZABE DELGADO

Typed or printed name of signee

2014 MAY 16 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11111111