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SECRE JARY OF STATE
TALLAHASSES, FLOS. DA

Law Offices of Mark A. Perry, P.A.

88 NE Fifth Avenue Delray Beach, FL 33483

561.276.4146 main 561.276.3859 facsimile mperry@markaperrypa.com

February 22, 2018

Via Federal Express

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

Re:

Lois Dubois Properties Management, LLC;

Amendment to LLC;

Estate of Joyce Dubois Haley;

Case No.: 502017CP005551XXXXSB

Ladies and Gentlemen:

Enclosed with regard to the above referenced limited liability, please find the following original documents:

- 1. Cover Letter:
- Articles of Amendment to Articles of Organization;
- Original Death Certificate of Decedent;
- 4. Letters of Administration appointing Brenda Arnold, daughter of Joyce Haley as Personal Representative of the Estate;
- 5. Minutes to Meeting; and
- Notice of Special Meeting.

Further enclosed please find this firm's check in the amount of \$60.00 representing the filing fees, Certificate of Status and Certified Copy. I have enclosed a pre-paid Federal Express envelope for the return of the documents.

Thank you for your assistance with this matter. Should you have any questions or require any additional information, please do not hesitate to contact this office.

Sincerely your

Jennifer L. Strickland, Paralegal

:jls

Enclosure(s)

COVER LETTER

TO:	Registration Se Division of Cor				
com u		OIS PROPERTIES MANAGE	MENT, LLC		
SUBJECT: Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		MARK A. PERRY, ESQ.			
			Name of Person		
		MARK A. PERRY, PA			
			Firm/Company		
		88 NE 5TH AVENUE			
			Address		
		DELRAY BEACH, FL 334	483		
			City/State and Zip Code		
		jstrickland@markaperrypa.c	com to be used for future annual report notifi	eation)	
For fur	ther information co	oncerning this matter, please ca	•	······	
Jennifer L. Strickland, Paralegal 561 276-4146					
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclos	ed is a check for th	e following amount:			
□ \$ 2	5.00 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:

TO:

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

LOIS DUDOIS DEODED TIES MANAGEMENT LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L01000011876</u> .	ny were filed on July 20, 2001	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ಪ
(Principal office address MUST BE A STREET ADDRESS)		
		<u>~~~</u>
Enter new mailing address, if applicable:		PH
(Mailing address MAY BE A POST OFFICE BOX)		
		٥
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he have of New Registered Agent:		Ď
New Registered Office Address:		
	Enter Florida street address	
	, Florid	· · · · · · · · · · · · · · · · · · ·
	Ciŋ [,]	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Titie</u>	<u>Name</u>	Address	Type of Action
MGRM	Joyce D. Haley	10932 Gleneagles Road	Add
		Boynton Beach, FL 33436	■ Remove
			Change
MGRM	Brenda H. Arnold	20 Windsor Road East	■ Add
		Jupiter, FL 33469-3134	□ Remove
			Change
			Add
			□ Remove
			□ Change
			□ Add
			Remove
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			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_	
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	- - :3	SEC TALL
	- 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13	FILE RETARY O AHASSEE
	PM 7: 39	D OF STATE OF LORIDA
	-	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.)5.0207 (3)(b sted as the))
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl (b) The 90th day after the record is filed.	ler of:	
Dated <u>Feb. 2154</u> , 2018		
Brenda H. Gynold Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00