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DEPARTMENT OF STATE

B. KOHR

FEB 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ASH 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: Scott Shirley (Name of Person) Ard, Shirley & Rudolph, P.A. (Firm/Company) 207 W. Park Avenue, Suite B (Address) Tallahassee, FL 32301 (City/State and Zip Code)
For further information concerning this matter, please call: Scott Shirley (Name of Person) at (850, 577 - 16500) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

MAILING ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALCRED M.S.O.

(Zip Code)

	Or	The state of the s
ASH Prop	erfies LLC d Liability Company as it now appears on our record A Florida Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>LOQOOC</u>	iability Company were filed on 4/12/02_08756	and assigned
This amendment is submitted to amend the following	lowing:	
"L.L.C."	ith the words "Limited Liability Company," the designation of the words of the designation of the words of th	
Name of New Registered Agent:	Scott Shirley	
New Registered Office Address:	207 W. Park A	ce Ste B eet address)
	Toll tologist on Flori	40 323DI

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.

(City)

(If Changing Rogistered Agent, Signature of New Registered Agent)

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:

IGR = Mar IGRM = M	nager Ianaging Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			
	10.100		
ted/	Signature of a member	r or authorized representative of a member	
,	Scott Shirley	or printed name of signee	
	Typed	Page 2 of 2	

Filing Fee: \$25.00