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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Accumulated 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:		
LZNDSEY D. DEAN (Name of Person)		
Accumin / Atad Properties LLC (Firm/Company)		
13811 ISHNALA CINCLE		
(City/State and Zip Code)		
For further information concerning this matter, please call:	05 API	
2 inosey Dean at 954, 609-8234	₹25	ř
(Name of Person) (Area Code & Daytime Telephone Number)	70	-
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	$\ddot{\omega}$	
Enclosed is archeck for the following amount:	Gu3	

\$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)  $\omega$ 

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Filing Fee: \$25.00