0500008564

(Requestor's Name)
(Address)
(Address)
(City/Chaha/7in/Dhana 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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02/25/11--01027--016 **35.00

T. CLINE

EXAMINER

MAR 1 6 2011



March 1, 2011

LINDA MILLER 1500 HORIZON RD VENICE, FL 34293

SUBJECT: THE PROPERTY COMPANY LLC

Ref. Number: L05000008564

We have received your document for THE PROPERTY COMPANY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II Letter Number: 811A0000502

The Property Company, LLC 1500 Horizon Rd Venice, FL 34293 941-493-5546 EIN: 20-2232423

As of January 1, 2011 we have gone from a multi member LLC to a single member LLC and I am the only member now. I am the Statutory Agent and Managing Member of this LLC.

Thank you,

divida miller

Linda Miller

SECRETARY OF STATE

FILED

COVER LETTER

TO:	Registration S Division of Co					
SUBJI	ЕСТ:	THE PROPE	RTY COMPANY LLC Limited Liability Company			
The en	closed Articles of	f Amendment and fee(s) are	submitted for filing.			
Please	return all corresp	ondence concerning this ma	atter to the following:			
		Line	Name of Person			
		THE PRO	PERTY COMPANY LL	<u>c. </u>		
		1500 1	lonzon Rd Address		2011 MAR 15 # 9:57 SECRETARY OF STATE TALLAHASSEE, FLORID	7
		VENICE	FL 34293 City/State and Zip Code	 	MAR 15 19 9: 57 RETARY OF STATE AHASSEE, FLORID	FILE
		E-mail address	ss: (to be used for future annual report notific	eation)	9: 57 STATE LORID	-
For fur	ther information	concerning this matter, plea	se call:		P	
Lindo Miller Name of Person		of Person	at (<u>941</u>) <u>493 - 5:</u> Area Code & Daytime	546 Telephone Number		
Enclose	ed is a check for t	the following amount:				
\$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Statu	s Certified Copy (additional copy is enclosed)		f Status &	

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

THE Property (Name of the Limited Liability (A Florida	COMPANY LLC Y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Company were filed on	M-05 and assigned
Florida document number <u>L050000 8564</u>	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and end with the wo 'L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		201 SE TAL
Principal office address MUST BE A STREET ADDI	RESS)	LARE TA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TARY OF STATE ASSEE, FLORIDA
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	Florida street address
<u>.</u>		, 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 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.

If Changing Registered 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:

MGR = Manager

MGRM	= Managing Men	iber		
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	MARIE	ETA RhoDES	14 WELLMANS MEADO KINGSCLERE, UK RG 205 HJ	☐ Add ☐ Remove
				Add Remove
				Damas a
	<u> </u>		-	Ad A
				AHASSEL Add
				OR Add
D. If am	ending any other	information, enter o	change(s) here: (Attach additional sheets, if ne	cessary.)
Dated	3/14/ 201 1	Signature of a m	LLA ember or authorized representative of a member	
		LINDA MI	LLER Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00