# 10500038852

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D. BRUCE

JUN 21 2011

**EXAMINER** 

## **COVER LETTER**

Division of Col	rporations			
SUBJECT: <u>A///</u>	Name of Limi	PROPERTIES LLC ited Liability Company	<u>.                                      </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JAMES A	Name of Person		
		Firm/Company		
		Address  RARASOTA, FL 34238 City/State and Zip Code  RAWAT QAOL COM E-mail address: (to be used for future annual report notification)  ag this matter, please call:  at (941) 925-1030 941-350-6729 Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number  2000 Filing Fee & \$60.00 Filing Fee,		
	SARASOTA,	TL 34238 City/State and Zip Code		
	TAWAT QA E-mail address: (1	OL COM to be used for future annual report notifica	tion)	-
For further information c	concerning this matter, please o	all:		
J. A. W. Name o	TERS of Person	at ( <u>941) 925-103</u> Area Code & Daytime T	Pelephone Number	zso-6729
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of S Certified Copy	Status & y

### MAILING ADDRESS:

TO:

**Registration Section** 

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

A//EN + Scot	+ PROPERTIES LLC
	Company ad it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability C	ompany were filed on $4/20/2005$ and assigned
Florida document number <u>L05000038852</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
	A
	SS O
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>tle</u>	<u>Name</u>	Address	Type of Action
•			Add
			Remove
			Add
			Remove
			Add
			Remove
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If ameno	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ny.)
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Page 2 of 2

Filing Fee: \$25.00