

LO60000 19826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

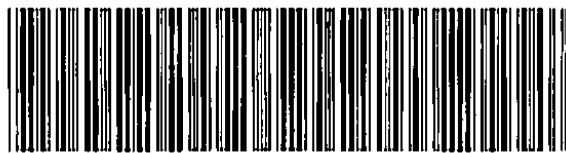
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

JUL 13 2019

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALTO PROPERTY MANAGEMENT, 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:

ATTN: JACOB ELEFANT

Name of Person

F & A OF FORT LAUDERDALE, LLC

Firm/Company

7119 VIA MARBELLA

Address

BOCA RATON, FL 33432

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

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

19 JUL - 1 PM 12:09

REGISTRATION DIVISION

**TO
ARTICLES OF ORGANIZATION
OF**

ALTO PROPERTY MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/22/2006 and assigned
Florida document number L06000019826.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7119 VIA MARBELLA

BOCA RATON, FL 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7119 VIA MARBELLA

BOCA RATON, FL 33433

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

JACOB ELEFANT

New Registered Office Address:

7119 VIA MARBELLA

Enter Florida street address

BOCA RATON

Florida 33433

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 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, changed, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PHILIP PINE, D.D.S.	50 SOUTH COMPASS DRIVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CoOwn	COLLEEN MARIE PINE	50 SOUTH COMPASS DRIVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	F & A OF FORT LAUDERDALE, LLC	7119 VIA MARBELLA	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.02C

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JUNE 26 2019


Signature of a member or authorized representative of a member

JACOB ELEFANT

Typed or printed name of signee