

LD6000020376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

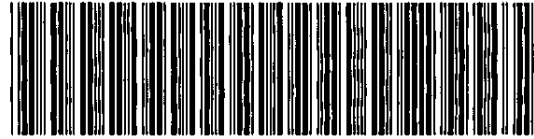
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/21/14--01042--024 **85.00

FILED
2014 MAY 28 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan MAY 28 2014

WEISBURD, EISEN & POSSENTI, P.A.

SCOTT EISEN
VALERIE POSSENTI
SCOTT WEISBURD

2751 EXECUTIVE PARK DRIVE
SUITE 104
WESTON, FLORIDA
33331

TELEPHONE (954) 473-0500
TELECOPIER (954) 473-4191
TELEPHONE (305) 274-5011
TELECOPIER (305) 274-5059

April 16, 2014

Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL. 32314

**RE: WELLS FARGO BANK, NA (the "Lender") Loan to
ALLEN PROPERTIES, LLC, a Florida limited liability company (the "Borrower")
AMENDMENT FOR: ALLEN PROPERTIES, LLC
AMENDMENT FOR RMA OF SEBASTIAN, LLC
AMENDMENT FOR RMA OF JENSEN, LLC**

To whom it may concern:

Enclosed please find this firms check for \$85.00 representing payment for amendments to the above captioned entities' organizational documents incident to the above-captioned Loan transaction.

Should you have any questions with regard to the enclosed, please do not hesitate to contact me.

Very Truly Yours,



Marilyn Leal, Legal Assistant
For the Firm

Enclosures

VIA REGULAR MAIL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2014

WEISURD, EISEN & POSSENTI, P.A.
2751 EXECUTIVE PARK DRIVE
SUITE 104
WESTON, FL 33331

SUBJECT: ALLEN PROPERTIES, LLC
Ref. Number: L06000020376

We have received your document for ALLEN PROPERTIES, LLC and your check(s) totaling \$85.00. 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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 614A00009263

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ALLEN 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:

MICHAEL A. ALLEN

Name of Person

RM ALLEN PROPERTIES, INC.

Firm/Company

206 SW PARISH TERRACE

Address

PORT ST. LUCIE, FL. 34984

City/State and Zip Code

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

For further information concerning this matter, please call:

MICHAEL A. ALLEN

Name of Person

at **(772) 336-8631**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2014 MAY 28 PM 4: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALLEN PROPERTIES, 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 FEB. 23, 2006 and assigned
Florida document number L06000020376.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added 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	RM ALLEN PROPERTIES, INC.	206 SW PARISH TERR	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL. 34984	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 6, 2014

Michael A. Allen

Signature of a member or authorized representative of a member

Michael A. Allen

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA