W6000019484

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| . (Address) |
| |
| (City/State/Zip/Phone #) |
| _ |
| PICK-UP WAIT MAIL |
| ; |
| (Business Entity Name) |
| (Dusiness Entity Name) |
| : |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



900162684859

11/19/09--01027--023 **25.00

2009 NOV 19 AM 10: 03
SECRETARY OF STATE
ANASSEE, FLORIDA

T. CLINE NOV 20 2009

EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|--------------------------------------|--|--|------------------|---|--------------------|
| SUBJECT: | | rty Preservation, LLC | | | |
| | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | f Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | r to the following: | | | |
| | | Joyce Adams | | | |
| | | Name of Person | | | |
| | Florida | Property Preservation, LLC | | | |
| | | Firm/Company | · <u>·</u> | | |
| | 1570 Case Road | | | | |
| | | Address | | | |
| | | LaBelle, FL 33935 | | 2 | |
| | | City/State and Zip Code | | 2009 NOV 19 1 SECRETARY (TALLAHASSEE | <u> 2.64</u> *** 1 |
| | flprope | rtypreservation@gmail.com | | | i i |
| | rumenor E-mail address: (207.99 | to be used for future annual report notifi | cation) | TAR ASS | grit sales |
| For further information | concerning this matter, please | call: | | SHOW THE | E.S. |
| J | oyce Adams | at (863) | 843-0227 | AM IO: 03 | F. *. |
| Name | of Person | Area Code & Daytime | Telephone Number | 10 A | |
| Enclosed is a check for | the following amount: | | | | |
| ✓ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| e of Status & |) |
| | | | | | |

MAILING ADDRESS:
Registration Section
Editorial Composition 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

| Florida Property (Name of the Limited Liability Com (A Florida Limite | Preservation, L | LC on our records.) | | |
|---|-------------------------|-------------------------|-------------------|-----------|
| The Articles of Organization for this Limited Liability Compa Florida document numberL06000079484 | any were filed on | 08/11/2006 | and assign | ned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited li | iability company here | : | | |
| The new name must be distinguishable and end with the words "L "L.L.C." | imited Liability Compan | y," the designation | "LLC" or the abb | reviation |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> | | ASE BE | |
| Enter new mailing address, if applicable: | | | CHETARY ONN 19 | Same |
| (Mailing address MAY BE A POST OFFICE BOX) | | | THE R | |
| | | | US DE LOPINE | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | ır records, <u>ente</u> | r the name of t | the new |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Ente | er Florida street a | ddress | |
| | . 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 Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------------------|--|--|
| Mgr | Amy Adams | 1570 Case Road LaBelle, FL 33935 | . Add ✓ Remove |
| Mgr | David Chastain | 1570 Case Road LaBelle, FL_33935 | Add ✓ Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | 200 Brove 200 Brove 200 Brove 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| | | | Ader Remove 0 |
| D. If ame | nding any other information, enter | change(s) here: (Attach additional sheets, if necessar | y,) w |
| - | | | <u> </u> |
| | Nov 16 | 2009. | |
| | Signature of a | member or authorized representative of a member | |
| | Voyce A | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00