

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
ζ	
(Ci	ity/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

MAY - 9 2008

EXAMINER

Office Use Only



000128493780

05/05/08--01056--001 **25.00

SECRETARY OF STAT VLLAHASSEE, FLORI

COVER LETTER

TO: Registration S Division of Co	
SUBJECT: All Sour	ce Property Management LLC
	(Name of Limited Liability Company)
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	Richard R. Clegg
	(Name of Person)
	All Source Property Management LLC
	(Firm/Company)
	810 saturn St. suite 20
	(Address)
	Jupiter, FI 33477
	(City/State and Zip Code)
For further information	concerning this matter, please call:
Richard Clegg	at (561) 747-7368 of Person) (Area Code & Daytime Telephone Number)
(Name	of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & 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

All Source Property Manage (Name of the Limited) (A	ement LLC Liability Company as i Florida Limited Liability	t now appears on our records.) y Company)		
The Articles of Organization for this Limited Lia Florida document number <u>L06000100365</u>	ability Company were	filed on <u>10/13/2006</u>	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability c	ompany here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Lia	ability Company," the designation	"LLC" or the abbreviation	
B. If amending the registered agent and/o registered agent and/or the new registered off		ddress on our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Richard Clegg			
New Registered Office Address:	810 saturn St suite 20 (Enter Florida street address)			
	jupiter	,	•	
	(Cit	y)	33477 (Zip Code)	
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the praccept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified.	roper and complete pa tered agent as provid registered office addro change.	erformance of my duties, and del ded for in Chapter 608, F.S. O	I am familiar with and r, if this document is limited liability	

Page 1 of 2

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>:

<u>Title</u>	<u>Name</u>		Address]	Type of A	<u>Action</u>
MGRM	Richard Cleg	ıg	810 Saturn St. Suite 20 Jupiter, Fl.33477		Z Add ☐ Remov	⁄e
 .					Add Remov	re
 -				[[Add Remov	re
				[Add Remov	⁄e
<u></u>	<u> </u>			[Add Remov	е
<u>.</u>					_Add _Remov	e
D. If amen	nding any other info	rmation, enter change((s) here: (Attach additional sheets, if necessa	ry.)		
_						
_				SE	2008	
— Dated <u>5/1/</u>	/08	,		LRETARY OF	2008 MAY _ 5 A	
	Richard Clegg	_	or authorized representative of a member or printed name of signee	FILORIO,	AM III: 06	Ö

Page 2 of 2

Filing Fee: \$25.00