(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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COVER LETTER

SUPPLIEST Elean - Properties at Police Aire 160	
SUBJECT: Eleanor Properties at Palm Aire, 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:	
David Provost (Name of Person)	
Money Fl. com, CC (Firm/Company)	
15 Paradise Plaza, Unit 35 E	77
15 Paradise Plaza, Unit 35 TE ASSET	
For further information concerning this matter, please call:	
Peter Arguelles at (941) 322-43/1 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)

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

Eleanor Properties (Name of the Limited Liability Co	mpany as it now appears on ted Liability Company)	our records.)	
· ·		20-2000	
The Articles of Organization for this Limited Liability Comp		and assigned	
Florida document number <u>L0600011215</u> 0	3		
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 "L.L.C."	'Limited Liability Company,"	the designation "LLC" or the abbrev	riation
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET ADDRES</u>	<u></u>	ZIO	
		The state of the s	
		AUG	
Enter new mailing address, if applicable:		RAY	
(Mailing address MAY BE A POST OFFICE BOX)		7 D	
		STA STA	
	<u> </u>	9m =	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the name of the	new
Name of New Registered Agent:			
New Posistand Office Address			
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 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)

MGR = Manager MGRM = Managing Member <u>Title</u> Type of Action **Address** MGRM David A Provost 5128 Vassar Lane Sarasota, FL 34243 Add Remove ☐ Add Remove 🗂 Add Remove □ Add Remove Add 🗖 Remove ⊤,Āda Remove m D. If amending any other information, enter change(s) here: (Attach additional sheets, if megessary) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

• 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:

Page 2 of 2

Filing Fee: \$25.00