Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001876083)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 : (323)962-3889 Phone Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A D PROPERTY LLC

Certificate of Status	0
Certified Copy	j
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu



Division of Corporations

August 19, 2010

A D PROPERTY LLC 335 VIA DEL SOL DRIVE DAVENPORT, FL 33896US

SUBJECT: A D PROPERTY LLC

REF: L07000014937

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The required electronic filing cover sheet was not submitted with the amendment document. Please resubmit the document with the LLC Amendment and LLC Reinstatement electronic filing cover sheets.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II FAX Aud. #: H10000185682 Letter Number: 210A00019914

10 AUG 20 PH 3: 17
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

.TO: Registration Division of C			
SUBJECT: AD PR	ROPERTY LLC		
	(Name of Lir	nited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	to the following:	
	Barbara Dang		
		(Name of Person)	
	Legalzoom.com, Inc),	
		(Firm/Company)	
	7083 Hollywood Blv	d., Suite 180	
		(Address)	
	Los Angeles, CA 9	0028	
		(City/State and Zip Code)	•
For further information	concerning this matter, please	cail;	
Barbara Dang		at (323) 962-8600	
(Nam	c of Person)	(Area Code & Daytime	Telephone Number)
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)	\$60.00 Filling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAY	INC ANDDEC.	orbort Maidine	A DIMBERCO.

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

FILED

2010 AUG 20 AM 9: 12

SPERETARY OF STATE TALLAHASSEE: FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Li Florida document number 02/09/2007	lability Company were filed on <u>L07</u>	000014937 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here	;
A D PROPERTY OF DAVENPORT LL The new name must be distinguishable and end wit "L.L.C."		ry," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered office address on o fice address here:	ur records, enter the name of the nev
Name of New Registered Agent:	DIVA R. N	1cjias
New Registered Office Address:	Daven port	ter Florida street address) Florida 33896 Gin Code)
	V. S.	(ay only

New Registered Agent's Signature, if changing Registered Agent:

A D PROPERTY LLC

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 Okry 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:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	Type of Action
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	
. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	Remove
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	Add
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	AddRemove
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	Add Remove
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	Add Remove
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	Add Remove
	essary.)
	·
	
nted 08/11 <u>2010</u> .	SEC.
Dur Drejas	2010 AUG 20 TALLAHASS
Signature of a member of authorized representative of a member DIVA R MEJIAS	SK C. 3
Typed or printed name of signee Page 2 of 2	EE.FLORI

Filing Fee: \$25.00