

L 070000 90819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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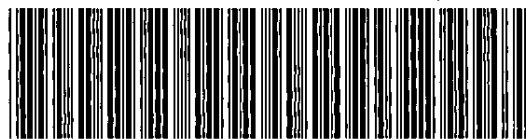
(Business Entity Name)

(Document Number)

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RECEIVED
08 SEP -3 PM 1:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
SEP 3 2008
EXAMINER

FILED
08 SEP -3 PM 3:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 707411 7606600

AUTHORIZATION

COST LIMIT \$ 25.00

FILED
08 SEP - 3 PM 3:15
TALLAHASSEE, FLORIDA

ORDER DATE : September 2, 2008

ORDER TIME : 8:29 AM

ORDER NO. : 707411-005

CUSTOMER NO: 7606600

DOMESTIC AMENDMENT FILING

NAME: FLORIDA PROPERTY LOCATORS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLORIDA PROPERTY LOCATORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
08 SEP -3 PM 3:15
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 5th, 2007 and assigned
Florida document number L07000090819.

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)

5386 NW Akbar Terrace

Port St Lucie, FL 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 881003

Port St Lucie, FL 34988-1003

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)

(City), Florida
(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>	<u>Address</u>	<u>Type of Action</u>
mgrm	THOMAS G. FAY	4673 SW IOFFERE ST PORT SAINT LUCIE FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	ADRIENNE FARRELL	5386 NW AKBAR TERRACE PORT SAINT LUCIE FL 34986	<input checked="" 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.)*

Dated September 2nd, 2008.

/s/ Adrienne Farrell
Signature of a member or authorized representative of a member
Adrienne T Farrell
Typed or printed name of signee