L07000126656

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooking the Cooking the Cooki
Continue Continue Continue of Out
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
, LO[1]

Office Use Only

JUL 15 2008

EXAMINER



700132435907

07/14/08--01060--006 **25.00

INM JUL I 4 P 2: 11
SECRETARY OF STATE
ALLAHASSEE, FI DRIP.

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: MY FL	ORIDA AROPERTY STORE, LLC		
,	(Name of Limited Liability Company)		
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.		
Please return all correspon	ndence concerning this matter to the following:		
	GARRY WALMSLEY		
	(Name of Person)		
	MY FLORIDA PROPERTY STORE, LLC		
	(Firm/Company)	9.2	٠.
	109 AMBERSWEET NAY, #333	'200 8 SEC	
	(Address)	JUL AHE I	
	DAVENPORT, FL 33897	2008 JUL I U SEGRETARY ALLIAHASSE	
	(City/State and Zip Code)	ס קר	
For further information co	oncerning this matter, please call:	2: 11 STATE ORIDA	
GARRY WALM	ISLEY at (407) 923-2134		
(Name o	f Person) (Area Code & Daytime Telepho	one Number)	
Enclosed is a check for the	e following amount:		

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY FLORIBA PROPERTY STORE			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	/21/2007	_ and assigned
Γhis amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	bility company here	:	
The new name must be distinguishable and end with the words "Lin'L.L.C."	nited Liability Compan	y," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		SEC ALL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		irri,	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		or records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:	/Ent	er Florida street addro	
	(Eni	er rioriaa sireet aaaro	zəəj
	(City)	, Florida	(Zip Code)
	(CHY)		(Lip Couc)

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>.</u>	Address	<u>T</u>	ype of Action
MGRM	BRENDA WALA	1SLEY	449 COVENTRY ROAD DAVENPORT, FL 33897		Add Remove
					Add Remove
		. 	,		Add Remove
					Add Remove
					Add Remove
D. If ame	ending any other informati	on, enter change(s)	here: (Attach additional sheets, ij	TALE JUL 14	Add Remove
-				P 2: 12 DE STATE FLORIDA	B
 Dated	7/9		Chalmley		
	Signa	ature of a member or a	authorized representative of a membe	r	
		Typed or p	rinted name of signee		

Page 2 of 2

Filing Fee: \$25.00