## W8000017538

| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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2008 APR 17 AM 10: 12
SECRETARY OF STATE
AND AMASSEE, FLORIDA

T. CLINE

APR 18 2008

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section Division of Corporations

| SURIECT. Le                           | e County Property Rentals, Li                  | LC  |                               |
|---------------------------------------|--|---|-------------------------------|
| SCHOLET.                              |  | ited Liability Company)                               |                               |
|                                       |  |   |                               |
| The enclosed Art                      | icles of Amendment and fee(s) are sub-         | mitted for filing.                                    |                               |
| Please return all                     | correspondence concerning this matter          | to the following:                                     |                               |
|                                       |  |   |                               |
|                                       | Leida Lopez                                    |   |                               |
|                                       |  | (Name of Person)                                      |                               |
|                                       | Lee County Property                            | Rentals, LLC  |                               |
|                                       | -  | (Firm/Company)  |                               |
|                                       | 6361 Presidential Co                           | nuet #101   |                               |
|                                       | 0001 Flesiderillar CO                          | (Address)   |                               |
|                                       |  |   |                               |
|                                       | Fort Myers, FL 33919                           | (City/State and Zip Code)                             |                               |
|                                       |  | (Chy/State and Zip Code)                              |                               |
| For further inform                    | nation concerning this matter, please ca       | all:  |                               |
|                                       |  |   |                               |
| Leida Lopez (Name of Person)          |  | at ( 239 ) 603-2011<br>(Area Code & Daytime Telephone | Number)                       |
|                                       | (Number of Forson)                             | (Atea Code & Daytine Telephone                        | Tunioci y                     |
| Enclosed is a che                     | ck for the following amount:                   |   |                               |
|                                       |  | \$55.00 Filing Fee & \$60.                            | .00 Filing Fee,               |
| <b>▼</b> \$25.00 Filing               | Fee \$30.00 Filing Fee & Certificate of Status | Certified Copy Co                                     | ertificate of Status 🕿        |
|                                       |  | (additional copy is enclosed) Ce                      | ertified Clap 💢 😸             |
|                                       |  | (a)   | dditional PR is enclosed)     |
|                                       |  |   | RY<br>SSE                     |
| MAILING ADDRESS: Registration Section |  | STREET/COURIER ADDRE                                  | iss: The Brain                |
|                                       |  | Registration Section                                  | Lee ( )                       |
|                                       | Division of Corporations<br>P.O. Box 6327      | Division of Corporations Clifton Building             | )<br>10: 12<br>STATE<br>ORIDA |
| £                                     | Taliahassee, FL 32314                          | 2661 Executive Center Circle Tallahassee, FL 32301    | > 10                          |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lee County Property Rentals, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/19/2008 Florida document number <u>L08000017538</u> 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." 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) 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 Jami Har with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, # itis dicument 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)

f 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 **Title** <u>Name</u> **Address Type of Action** Add Remove Add Remove Add Remove Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add: Secretary: Michael Hubschman, 825 N. Grandview Ave, Daytona Beach, FL. 32118 AM IO: Dated April 10 2008 ignature of a member or authorized representative of a member

Page 2 of 2

Raul Lopez

Filing Fee: \$25.00

Typed or printed name of signee