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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWS OCT 202008 EXAMINER

COVER LETTER

Division of Corp	or actoris			
SUBJECT: ARS Property Management Group LLC				
	(Name of Limi	ted Liability Company)		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
		-		
	John Aaron Singletary			
		(Name of Person)		
ARS Property Management Group LLC				
		(Firm/Company)		
	8403 N. Michigan Road S	ste. D		
		(Address)		
	Indianapolis, IN 46268			
		(City/State and Zip Code)		
For further information co	ncerning this matter, please ca	ıll:		
John Aaron Singletary		at (317) 919-0254		
(Name of	Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	△\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(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

FILED

2009 OCT 17 AM 11: 05

SECRETARY OF STAFE TALLAHASSEE, FLORIDA

ARS Property	y Management	Group	HC
THE TOPOLL	, management	Oloup	

(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 5/22/2008 and assigned florida document number L08000051289						
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," t	he designation "LLC" or th	ne abbreviation		
Enter new principal offices address, if applica	ble:	Richard L. Singletary				
(Principal office address MUST BE A STREET ADDRESS)		8054 Washington Str	eet # 135			
		Port Richey, FL 3466	8			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or	r registered of		ecords, enter the name	e of the nev		
registered agent and/or the new registered off	ice address her	<u>e</u> :				
Name of New Registered Agent:	Richard L. Singletary					
New Registered Office Address:	8054 Washing	gton Street #135 (Enter F	lorida street address)			
	Port Richey		, Florida <u>34668</u>			
		(City)	(Zip C	Lode)		

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>	Type of Action
MGRM	John Aaron Singletary	8054 Washington Street #135 Port Richey, FL 34668	Add Remove
MGRM	Richard L Singletary	8054 Washington Street #135 Port Richey, FL 34668	Add Remove
			Add Remove
			Add Remove
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<u></u>			= p
		hange(s) here: (Attach additional sheets, if neces. of ARS Property Management Group LLC.	sary.)
-			2000 OCT I
Dated Octo	Bechard L. Signature of a me	008 ember or authorized representative of a member	7 AMII: U5 SEE, FLORIDA
	Richard L. Singleta	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00