

LO8000071483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

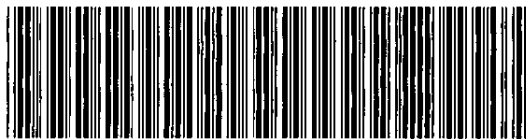
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 09 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIVERSIFIED PROPERTY SOLUTIONS OF
(Name of Limited Liability Company) SOUTHWEST FLORIDA, LLC.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RON LEMKE
(Name of Person)

DIVERSIFIED PROPERTY SOLUTIONS
(Firm/Company) OF SWFL

5471 LEE STREET, UNIT 102
(Address)

LEHIGH ACRES, FL 33971
(City/State and Zip Code)

For further information concerning this matter, please call:

RON LEMKE at (239) 303-9938
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DIVERSIFIED PROPERTY SOLUTIONS OF SOUTHWEST FLORIDA, 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 July 24, 2008 and assigned Florida document number L08000071483.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5471 LEE STREET, UNIT 102
LEHIGH ACRES, FL 33971

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:

5471 LEE STREET, UNIT 102
(Enter Florida street address)

LEHIGH ACRES, Florida 33971
(City) (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

Title	Name	Address	Type of Action
MGRM	JAMES H BLUM	12244 TREELINE AVE #8 FT. MYERS, FL 33913	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RON RICHARDSON	5471 LEE STREET UNIT 102 LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JASON RICHARDSON	5471 LEE STREET UNIT 102 LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LEMKE, RONALD T	- 5471 LEE ST, UNIT 102 - LEHIGH ACRES, FL 33971 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

Change address

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FEB 10 2009
PM 2:03

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated JANUARY 5, 2009.

Signature of a member or authorized representative of a member

RONALD LEMKE

Typed or printed name of signee