

L08000071483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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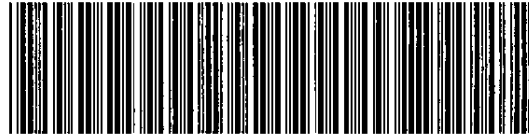
(Business Entity Name)

(Document Number)

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11 JAN 24 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 26 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIVERSIFIED PROPERTY SOLUTIONS OF SOUTHWEST FLORIDA LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CHERYL LEMKE
Name of Person

DIVERSIFIED PROPERTY SOLUTIONS OF SOUTHWEST FLORIDA LLC
Firm/Company

5471 LEE ST UNIT 102
Address

LEHIGH ACRES FL 33971
City/State and Zip Code

CHERYL @ DIVERSIFIED PROP SWFL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 7-24-2008 and assigned Florida document number 208000071483.

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)

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TALLAHASSEE, FLORIDA

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:

CHERYL LEMKE

New Registered Office Address:

5471 LEE ST UNIT 102

Enter Florida street address

LEhigh ACRES

City

Florida 33971

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.

Cheryl Lemke
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
mm	RONALD LEMKE	5471 LEE ST UNIT 102 LEHIGH ACRES FL 33971	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mm	CHERYL LEMKE	5471 LEE ST UNIT 102 LEHIGH ACRES FL 33971	<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
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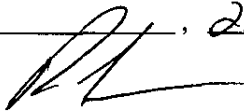
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 24 PM 12:15

FILED

Dated 1-19, 2011.



Signature of a member or authorized representative of a member

RONALD LEMKE

Typed or printed name of signee