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SECRETARY OF STATE FLORIDA

M. THOMAS

NOV 2 1 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: IN THE PINES PROPERTY MANAGEMENT, LLC (Name of Limited Liability Company)	O
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DANIEL MARZANO	
(Name of Person)	
COSCULLUELA & MARZANO, P.A.	
(Firm/Company)	
14211 COMMERCE WAY #300	
(Address)	
FT. LAUDERDALE, FLORIDA 33301	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
DANIEL MARZANO at ( 305 ) 817-2170	E SE
(Name of Person) (Area Code & Daytime Telephone Number)	SECULIARIAN IN

□\$55.00 Filing Fee &

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(additional copy is enclosed)

MAILING ADDRESS:

**△**\$30.00 Filing Fee & Certificate of Status

Enclosed is a check for the following amount:

\$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 States of

(additional copy is enclosed)

Certified Copy

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IN THE PINES PROPERTY MANAGEM  (Name of the Limited Liabili		r records )
(A Florida	ity Company as it now appears on our a Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability	, 2008 and assigned	
Florida document number L08000076030		
	<del>_</del>	
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	<del></del>
		<u> </u>
Enter new mailing address, if applicable:		\frac{\fin}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\fint{\frac}\fir}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fric}}}}}{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{
(Mailing address MAY BE A POST OFFICE BOX)		
		8: L ORI
		Am .
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	ZE 4 E	
	(Enter Flo	rida street address)
	(City)	_, Florida(Zip Code)
	(Cuy)	(Lip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SEE BELOW	110 E. BROWARD BLVD, SUITE 1700 FT. LAUDERDALE, FLORIDA 33301	Add Remove
MGRM_	SEE BELOW	110 E. BROWARD BLVD, SUITE 1700 FT, LAUDERDALE, FLORIDA 33301	Add Remove
			Add Remove
			Add Remove
	_		Add Remove
			Add NOV
D. If an	nending any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
	REMOVING: FRANCESCO MILETO  ADDING: CENTURION PROPERTY MANAGEMENT  ADDING: CENTURION PROPERTY MA	GEMENT GROUP II, LLC	AH 8: 44 OF STATE FLORIDA
			<del></del>
Dated N	OVEMBER 7 , 2008	·	_
	FRANCESCO MILETO	or authorized representative of a member	
	l yped o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00