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SECRETARY OF STATE
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T. CLINE

DEC - 9 2008

EXAMINER

COVER LETTER

Registration Section . Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: Owners	serve LLC		
SUBJECT: OTHER		ited Liability Company)	
	Amendment and fee(s) are sub	-	
	Robert Bennett		
		(Name of Person)	
	Owners Residential Serv	ices	
(Firm/Company)			
	601 Heritage Dr. #402		
		(Address)	
	Jupiter, FL 33458		
		(City/State and Zip Code)	2008 SECTALL
For further information of	concerning this matter, please c	all:	居 居
	3		ARY ARY
Robert Bennett		at (561) 578 4680	clephone Number) (2)
(Name	of Person)	(Area Code & Daytime T	2008 DEC -8 PH 12: 24 SECRETARY OF STATE TALLAHASSEE. STATE Clephone Number ORIDA Clephone Number ORIDA
Enclosed is a check for t	he following amount:		, <u>.</u> -
■ \$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)
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation	·

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ownerserve, LLC				
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited L	iability Company	were filed on October 13, 20	008 and as	ssigned
Florida document number L08000096591	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Company," the des	ignation "LLC" or the	abbreviatio
Enter new principal offices address, if applic	601 Heritage Dr., #402	200 1		
(Principal office address MUST BE A STREET ADDRESS)		Jupiter, FL 33458	CRE DE	A STATE OF THE STA
Enter new mailing address, if applicable:		601 Heritage Dr., #402	TARY OF S	Section (Start)
(Mailing address MAY BE A POST OFFICE BOX)		Jupiter, FL 33458	: 24 DATE DRITE	
B. If amending the registered agent and/registered agent and/or the new registered o Name of New Registered Agent: New Registered Office Address:		<u>re</u> : Dr., #402	s, enter the name	of the nev
	Jupiter		Torida <u>33458</u>	
		(City)	(Zip Co	de)

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_	Carey Huffstetler	601 Heritage Dr., #402 Jupiter, FL 33458	Add Remove
	·		Add Remove
	•	,	 Add
			Remove
			Add Remove
			TALLAHA Add
			Remove
			Add Remove
D. If amen	ding any other information.	enter change(s) here: (Attach additional sh	>
		ilso be listed at the new address:	
60	01 Heritage Dr., #402 Jupiter, l	FL 33458	
_			<u> </u>
Dated Dece	ember 4th		
		of a member or authorized representative of a	member
	Robert Benr	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00