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SECRETARY OF STATE DIVISION OF CORPORATIO

F. HAMPTON AUG - 4 2010 EXAMINER

## **COVER LETTER**

The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Parn Stitcher  Name of Person  Statewide Property Preservation, LLC  Firm/Company  11397 Parkview Street  Address  Spring Hill, FL 34609  City/State and Zip Code  Statewidepp@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Parn Stitcher  Name of Person  at (352)  428-9222  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$\f	SUBJECT:		Property Pres		LLC .	<u>.                                    </u>	•
Please return all correspondence concerning this matter to the following:    Pam Stitcher	•	Namo	e of Limited Liability	Company			
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Spring Hill, FL 34609   City/State and Zip Code   Statewidepp@yahoo.com   E-mail address: (to be used for future annual report notification)	·	Sta	atewide Property	Preservatio	n, LLC		
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	The state of the s	Certificate of			nclosed)	Certified Copy	
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TO:

**Registration Section Division of Corporations** 

> MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



RECEIVED

10 AUG -3 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Division of Corporations

July 20, 2010

PAM STITCHER 11397 PARKVIEW ST SPRING HILL, FL 34609

SUBJECT: STATEWIDE PROPERTY PRESERVATION, LLC

Ref. Number: L09000025622

We have received your document for STATEWIDE PROPERTY PRESERVATION, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 610A00017588

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Statewide Property  (Name of the Limited Liability Compa (A Florida Limited I	Preservation, LLC 5 SECRETARIAN SECRETARIA			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on March 16, 2009 and assigned			
This amendment is submitted to amend the following:	AN 10: 04			
A. If amending name, enter the new name of the limited liah	ility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbrevia			
Enter new principal offices address, if applicable:	11397 Parkview Street			
(Principal office address MUST BE A STREET ADDRESS)	Spring Hill, FL 34609			
Enter new mailing address, if applicable:	11397 Parkview Street			
(Mailing address MAY BE A POST OFFICE BOX)	Spring Hill, FL 34609			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our records, enter the name of the			
Name of New Registered Agent:				
New Registered Office Address:	Francisco III			
	Enter Florida street address			
	, Florida			
	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 Type of Action Address** MGRM James Riegert 9497 Noddy Tern Rd ✓ Add Remove Brooksville, FL 34613 Remove \_ Add Remove ■Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUG -3 Please amend the shares of ownership as follows: Pamela Stitcher \$25.00 Michael Stitcher - \$25.00 25% -\$50.00 50% James Riegert

July 14

Signature of a member or authorized representative of a member

Pamela T. Stitcher

Typed or printed name of signee

Dated

Page 2 of 2

Filing Fee: \$25.00