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**B. KOHR** 

AUG - 5 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Ashelon Property Management LLC Name of Limited Liability Company	
The end	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please 1	e return all correspondence concerning this matter to the following:	
	Elizabeth Bater Name of Person	FILED
	Ashelon Property Management	FILED IS
	495 Grand Slvd Suite 206	
	Mi ramar Beach Fla. 33550 City/State and Zip Code	
	E-mail address: (to be used for future armual report notification)	
For furt	orther information concerning this matter, please call:	
1	Elizabeth Baker at (850) 269-7282  Name of Person Area Code & Daytime Telephone Number	
Enclose	sed is a check for the following amount:	
\$25	5.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	sed)
	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	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ashelow MODERN	MSPAUAM	£4+
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears ( Liability Company)	on our records.
The Articles of Organization for this Limited Liability Compan Florida document number	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lir" L.L.C."	nited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		TAN SEE
(Mailing address MAY BE A POST OFFICE BOX)		1000
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	· Florida street address
	. Florida	
<del></del>	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mer	Christine	Taylor 495 &	CAND BIND SUITE DOOM Add  SEACH, FI 30550 Remove
<del>*</del>			Add Remove
<u> </u>			Add Remove
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D. If am	nending any other informs	ation, enter change(s) here: (Attach e	additional sheets, if necessary.)
Dated	<u>'7-29</u>		
	·	gnature of a member or authorized repres	entative of a member
		Elizabeth BA Typed or printed name of si	gnee

Page 2 of 2

Filing Fee: \$25.00