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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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M. THOMAS

SEP 1.8.2009

EXAMINER

COVER LETTER

Division of Co				
SUBJECT:	Accurate	Properties LLC.		
		ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		Deborah Henry		
		Name of Person		
	Ac	curate Properties LLC.		
	•			
		724 Laurel Drive Address LAKE PARK, FL 33403		. 12
				智慧力
	L			の一
C		City/State and Zip Code		SSE T
	E-mail addrass (yjuell@comcast.net to be used for future annual report not	itication)	FOF E
For further information	concerning this matter, please c		meation)	FILED MID: 21 2000 SEP 17 MID: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA
R	yjuell R Nixon	at (561)	574-4689	,
	of Person		me Telephone Numbe	r
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 enclose	ed) Certified	ate of Status &
	LING ADDRESS:	STREET/COUR	RIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Accurate Properties LLC.				
(Name of the Li	mited Liability Company as it now appea (A Florida Limited Liability Company)	ar <u>s</u> on our records.)			
	(A Florida Chinica Diability Company)	į.			
The Articles of Organization for this Limi	ted Liability Company were filed on	071/3/2009	and assigned		
Florida document numberL0900	<u>0067611</u> .	· ·			
	•	v			
This amendment is submitted to amend th	e following:				
A. If amending name, enter the new na	me of the limited liability company he	<u>re:</u> ,	4		
		h			
The new name must be distinguishable and e "L.L.C."	nd with the words "Limited Liability Comp	oany," the designation "I	LC" or abbreviation		
L.D.C.		î	TO SE TO		
Enter new principal offices address, if a	pplicable:		到一个		
(Principal office address MUST BE A ST	REET ADDRESS)		SSR 1		
			POF STATI		
			O. J.		
Enter new mailing address, if applicable	e:		器		
(Mailing address MAY BE A POST OFF	FICE BOX)		V		
			 		
	and/or registered office address on	our records, <u>enter t</u>	he name of the new		
registered agent and/or the new register	red office address here:				
Name of New Registered Agent:					
New Registered Office Address:		·-·			
	E	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action MGR DEBORAH HENRY 724 Laurel Drive ☐ Add ✓ Remove LAKE PARK, FL 33403 VΡ **DEBORAH HENRY** 724 Laurel Drive LAKE PARK FL 33403 Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **SEPTEMBER 15** 2009 Dated Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00