

LO9000070437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

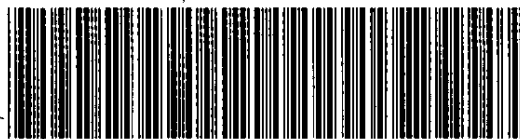
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 25 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Journey Property Holdings, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Haymore

Name of Person

United Capital Fund, LLC

Firm/Company

4532 W. Kennedy Blvd Ste 320

Address

Tampa, FL 33609

City/State and Zip Code

jhaymore@unitedcapitalreo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Aliano

Name of Person

at (772)

626-3815

Area Code & Daytime Telephone Number

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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 24 AM 11:20

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Journey Property Holdings, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/22/09 and assigned
Florida document number LO9 000070437

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4532 W. Kennedy Blvd

Suite 320

Tampa, FL 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Tim Wright

New Registered Office Address:

1002 SE. Monterey Commons Blvd. Suite 100

-Enter Florida street address

Stuart

City

Florida

34996

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	Address	Type of Action
MGRM	Joseph Haymore	4532 W Kennedy Blvd Sut 320 Tampa FL 33609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Abundant Holdings LLC	4532 W Kennedy Blvd Sut 320 Tampa FL 33609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lara Haymore	4532 W Kennedy Blvd Sut 320 Tampa FL 33609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated: 6/19, 2010.

Signature of a member or authorized representative of a member

Joseph Haymore

Typed or printed name of signee

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TALLAHASSEE, FLORIDA