

209000082302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

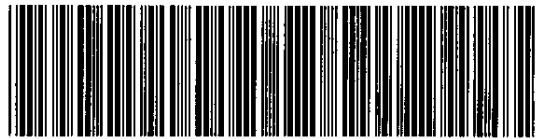
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 17 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foreclosure Restoration 3 Management 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:

Michael Dichiaro
Name of Person

Foreclosure Restoration 3 Management LLC
Firm/Company

2368 SE Diamond Ct
Address

Stuart FL 34997
City/State and Zip Code

MR - Dichiaro @ Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Dichiaro at (772) 403-3735
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Forclosure Restoration 3 Management L.L.C.
(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 8/26/09 and assigned
Florida document number L09000082302

This amendment is submitted to amend the following:

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

Property Renovations + Management L.L.C.
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

2368 SE Diamond
Stuart FL

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:

Michael Dichiaro

New Registered Office Address:

2368 SE Diamond st
Enter Florida street address

Stuart, Florida 34997
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	Address	Type of Action
MGR	Neglinson V. Garcia	389 SW Whipmore Drive Port St. Lucie FL 34989	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove ✓
MGR	Michael A DiChiaro	2368 SE Diamond St. Stuart FL 34997	<input checked="" type="checkbox"/> Add ✓ <input type="checkbox"/> Remove
MGRM	Neglinson V. Garcia	389 SW Whipmore Drive Port St. Lucie FL 34989	<input checked="" type="checkbox"/> Add ✓ <input 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.)

Please Note:

Michael DiChiaro is owner/
Manager of Company, Neglinson Garcia
is a Management Staff Member.

Dated 9/11/09

Signature of a member or authorized representative of a member

Michael DiChiaro
Typed or printed name of signee

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TALLAHASSEE, FLORIDA