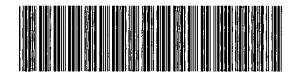
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Orty/Otato/Zip/i Hollo #)			
PICK-UP WAIT		MAIL	
		•	• ;
(Business Entity Name)		;	:
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Special Instructions to Filing Officer:			
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Office Use Only



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T. CLINE

SEP 1 7 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co		·			
SUBJE	CT: F	orida Property Mana	gement & Preservat	ion, LLC		
			ted Liability Company			
	2	f Amendment and fee(s) are sub condence concerning this matter	-			
			Linda Derryberry Name of Person			
			Aswin Suri PA			
			Firm/Company			
			PO Box 290186		358 358 358	
			Address		ZEEN SER SEERET AULAHA	r-mfr
		P	ort Orange FL 32129		500 S	<u> </u>
		··	City/State and Zip Code		OF SIA E. FLOR	E. m.
		E-mail address: (nda@aswinsuri.com to be used for future annual report	notification)	0. 57 0. 57	***************************************
For furt	her information	concerning this matter, please of	eall:			l .
		nda Derryberry	at (386)	257-3948		
	Name	of Person	Area Code & Da	aytime Telephone Number	r	
Enclose	ed 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 encl	losed) Certified	ate of Status &	losed)
		LING ADDRESS:	STREET/CO	URIER 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

Forida Property Management & Preservation, 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 Co	ompany were filed on Septemb	er 2, 2009 and assigned		
Florida document numberL0900085119				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
	agement & Preservation, LLC			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the de	esignation "IAG" or the abbreviation		
Enter new principal offices address, if applicable:		الرابية المستورين والشؤ		
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	OR ST		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	#			
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		rds, enter the name of the new		
Name of New Registered Agent.				
New Registered Office Address:	Enter Florid	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 = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Addis Remove
			Add Remove D: 57
			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessar	ry.)
_			
_			
Dated	September 3 ,	2009 .	
	Signature of a mo	ember or authorized representative of a member	
		Aswinder Suri	
	7	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00