

**LD91060086064**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

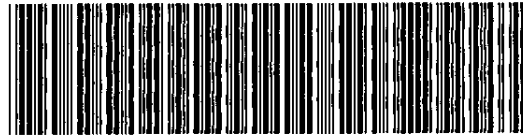
Special Instructions to Filing Officer:

**L. SELLERS**

NOV 18 2011

**EXAMINER**

Office Use Only



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**FILED**  
11 NOV 16 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: REAL ESTATE PROPERTY DISPOSITION 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:

**KAREN CAPOTE**

Name of Person

**REAL ESTATE PROPERTY DISPOSITION LLC.**

Firm/Company

**5147 EL CLARO S**

Address

**WEST PALM BEACH FL 33415**

City/State and Zip Code

**propertydisposition@gmail.com**

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

For further information concerning this matter, please call:

**Karen Capote**

Name of Person

at ( **561** )

**452-4970**

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

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

**REAL ESTATE PROPERTY DISPOSITION 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 04/2009 and assigned  
Florida document number L09000086064.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5147 EL CLARO SOUTH, WEST PALM

BEACH FL. 33415

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5147 EL CLARO SOUTH, WEST PALM

BEACH FL. 33415

**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:

KAREN CAPOTE

New Registered Office Address:

5147 EL CLARO SOUTH

*Enter Florida street address*

WEST PALM BEACH

*City*

Florida

33415

*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

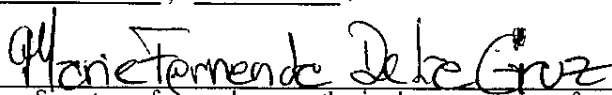
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA F. DE LA CRUZ	2130 SW SALVATIERRA BLVD PORT SAINT LUCIE, FL 34987	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	KAREN CAPOTE	5147 EL CLARO SOUTH WEST PLAM BEACH, FL 33415	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated NOVEMBER 14TH, 2011.



Signature of a member or authorized representative of a member

MARIA F. DE LA CRUZ

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV 16 PM 1:19

FILED