

L09000087092

(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:

Office Use Only



000171963120

03/19/10--01013--012 \*\*25.00

FILED

10 MAR 19 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 22 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ST. LUCIE PROPERTY PRESERVATION 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:

Joel A Newman

Name of Person

St. Lucie Property Preservation LLC

Firm/Company

5770 NW Cleburn Drive

Address

Port Saint Lucie, Florida 34986

City/State and Zip Code

joel@jnptc.com

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

For further information concerning this matter, please call:

Joel Newman

Name of Person

at ( 772 )

919-5222

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

FILED  
10 MAR 19 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ST LUCIE PROPERTY 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 Company were filed on 09-09-2009 and assigned  
Florida document number L09000087092.

FILED  
10 MAR 19 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)**

5770 NW Cleburn Drive

Port Saint Lucie, Florida 34986

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5770 NW Cleburn Drive

Port Saint Lucie, Florida 34986

**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:

New Registered Office Address:

5770 NW Cleburn Drive

*Enter Florida street address*

Port Saint Lucie

*City*

, Florida

34986

*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	Newman, Joel A	4175 SW Macad Street Port Saint Lucie, Florida 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Newman, April M	5770 NW Cleburn Drive Port Saint Lucie, Florida 34986	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Smith, Charles S	3307 NW 29 Avenue Boca Raton, Florida 33434	<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.)

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

FILED  
10 MAR 19 PM 3:47  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

Dated March 17, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Charles S. Smith

\_\_\_\_\_  
Typed or printed name of signee