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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

G. MCLEOD

MAY 18 2010

EXAMINER



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SECREMENT OF SAME

COVER LETTER

| TO: | _ | istration Se sion of Co | | | | | | | |
|---------------|----------|----------------------------|--------------------------|----------------------------|----------|--|----------------------------|-------------------|---|
| SUBJ | ECT: | The | Property | Preser Name of Lim | vati | on Tean ability Company | LLC | | |
| The er | nclosed | Articles of | Amendment and | d fee(s) are su | bmitte | d for filing. | | | |
| Please | return | all correspo | ondence concern | ing this matte | r to the | e following: | | | |
| | | | Mari | a Mat | 05- | Picare) | <u> </u> | | |
| | | | The | Propert | 7 | Preservat. Firm/Company | ion Ilan | n L | لر_ |
| | | | 613 | Fox \ | lale | V Drive Address | | | |
| | | | Longw | 000 | F | L 32 //State and Zip Code | 774 | | |
| | | | | | | ty preserval | | | *** |
| For fu | rther in | formation o | concerning this r | natter, please | call: | | | | |
| | laria | Name o | f Person | سا: | | at (<u>407</u>) Area Co | 782 555 de & Daytime Te | 多 7 (elephone | SST Number |
| Enclos | sed is a | check for t | he following am | ount: | | | | | |
| ⊿\$ 2. | 5.00 Fil | ling Fee | \$30.00 Fil Certifica | ing Fee & ate of Status | | \$55.00 Filing Fee Certified Copy (additional copy | | <u> </u> | 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

| The Property Prese | rvation Team | LLC | |
|---|---|---------------------------------------|---------------------------|
| The Property Prese (Name of the Limited Liabi (A Florid | lity Company as it now as la Limited Liability Compa | opears on our records.) | |
| The Articles of Organization for this Limited Liability Florida document number 271365144 | y Company were filed on | | and assigned |
| This amendment is submitted to amend the following | : | | |
| A. If amending name, enter the new name of the l | imited liability company | <u>y here</u> : | |
| The new name must be distinguishable and end with the vull.L.C." | words "Limited Liability C | ompany," the designation ' | 'LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| Enter new mailing address, if applicable: | | | SION OF C |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | <u> </u> |
| B. If amending the registered agent and/or represented agent and/or the new registered office a | | on our records, enter | the name of the nev |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | Enter Florida street aa | ldress |
| | | . Florida | |
| | City | , Fior Ma | 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|--|----------------|
| Mark | Maria Mosor Pilared. | GHS FOX Valley Drive | Add Remove |
| MGRM | Jaye P Majors | 150 Spoonhout Drive Casseberry FL 32707 | Add Remove |
| MGRM | Tanny L Hunter | 618 Fox Valley Drive Longwood FL 32779 | Add Kemove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter change | e(s) here: (Attach additional sheets, if necessary.) | |
| | | | |
| _ | May 13 , 201 | ^ | |
| Dated | Maria Mar Con Fice | or authorized representative of a member | |
| | Maria Matos - | P: (w-c)/; or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00