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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO:

Registration Section

Division of C	orporations		
SUBJECT:	I FISURE PROPE	RTY MANAGEMENT LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
· Please return all corres	pondence concerning this matte	er to the following:	
		Angel Maldonado	
	Name of Person		
	<u> </u>	Firm/Company	
	3	20 North Magnolia Ave	2011 AUG SECRETA
		Address	AHANA AHANA
		Orlando, Fl	-1 74 2 ARY OF ST SSEEFLO
		City/State and Zip Code	
	rocortoo		STATE C
	E-mail address:	ndosindependent@gmail.com (to be used for future annual report notification	<u> </u>
For further information	concerning this matter, please	•	
To further information	concerning this matter, please	can.	
An	gel Maldonado	at (866) 254	-0035
Name	of Person	Area Code & Daytime Tele	phone Number
ø			
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
,			
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center O Tallahassee, FL 32301	s

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEISURE (Name of the Limite	PROPERTY	MANAGEME	ENT LLC		
(Name of the Limite	A Florida Limited I	iability Company)	rs on our records.)		
The Articles of Organization for this Limited I	were filed on	02/04/2010	and ass	igned	
Florida document number L1000001	13068				
This amendment is submitted to amend the fol	llowing:		73 C A 1	2811 AU	
A. If amending name, enter the new name of	of the limited liab	ility company her	re: ASSE	G -!	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Compa		S S	boreviation
Enter new principal offices address, if appli	cable:	320 North Ma	ignolia Ave 💆	<u> </u>	
(Principal office address MUST BE A STREA	Orlando, Flor	ida 32805			
			· · · · · · · · · · · · · · · · · · ·		^
Enter new mailing address, if applicable:		 			
(Mailing address MAY BE A POST OFFICE	(BOX)				
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	fice address on o <u>e</u> :	our records, <u>enter</u>	the name of	f the new
Name of New Registered Agent:	Angel Maldonado				
New Registered Office Address: 320 North Magnolia Ave Enter Florida street address					
	 	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.

AL 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>	Address	Type of Action
MGR_	Leandro Gonzalez	CARRETERA 102 KILOMETRO 38.4 E SAN GERMAN PR 00683	1
MGR_	Leandro Gonzalez	595 WEST CHURCH ST ORLANDO FL 32805	Add ✓ Remove
MGRM	Angel Maldonado	320 North Magnolia Ave Orlando, Florida 32805	Add Remove
			Add Remove
		TALLAHÄSSEE.	S Add
D. If amend	ling any other information, enter c	change(s) here: (Attach additional sheets, if necessary)	lee move
			
_			- -
Dated	July 15	<u>2011</u> .	
	Signature of a m	fiber or authorized representative of a member	
		Angel Maldonado	
	Ί	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00