

L10000025964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

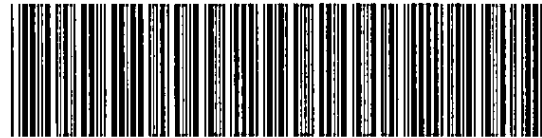
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SECRETARY OF STATE
DIVISION OF CORPORATION
21 MAR 22 AM 11:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alliance Property Management Solutions, 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:

Lynn Rohling
Name of Person
Alliance Property Management Solutions, LLC
Firm/Company
12800 Indian Rocks Road, Suite 1
Address
Largo, FL 33779
City/State and Zip Code
apms.lynn@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Rohling at (127) 228-2789
Name of Person 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 210
Tallahassee, FL 32310

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

CLERK
SECRETARY OF STATE
DIVISION OF CORPORATION

Alliance Property Management Solutions, 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 3/8/2010 and assigned
Florida document number 140000025964.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Michael Pompeo

New Registered Office Address:

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 605, 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.

Michael Pompeo

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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DIVISION OF CORPORATION

<u>Title</u>	<u>Name</u>	<u>Address</u>	21 MAR 22 AM 11:02	<u>Type of Action</u>
MGR AMBR	Jessica Cummings	12800 Indian Rocks Rd.		<input type="checkbox"/> Add
		Suite 1		<input checked="" type="checkbox"/> Remove
		Largo, FL 33774		<input type="checkbox"/> Change
MGR AMBR	Michael Pompeo	12800 Indian Rocks Rd.		<input checked="" type="checkbox"/> Add
		Suite 1		<input type="checkbox"/> Remove
		Largo, FL 33774		<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
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				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove

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

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E. Effective date, if other than the date of filing: 03/12/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 12, 2021

Michael Pompeo

Signature of a member or authorized representative of a member

Michael Pompeo

Typed or printed name of signee

3/17/2021

SECRETARY OF STATE
DIVISION OF CORPORATION

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I accept and am familiar with the obligations of the position of Registered Agent. Please feel free to contact me at (727) 228-2789 if you have any questions.

Thank you.

A handwritten signature in cursive script that reads "Michael Pompeo". The signature is written in black ink and is positioned above a solid horizontal line.

Michael Pompeo