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	equestor's Name) Idress)			
(Ad	ldress)			
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FILED TO APR 20 PM 2: 39 SECRETARY OF STATE

J. BRYAN

APR 21 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	PROPERTY FOR	ECE, LLC nited Liability Company	
	f Amendment and fee(s) are su ondence concerning this matte	bmitted for filing.	
	CRAIG GLDA	Page of Person	O APP
	PROPERTY FO	PCE, CUC Firm/Company	HASS
	1501 E SLIGH		10 APR 20 PM 2: 39 SECRETARY OF STATE FALLAHASSEE, FLORID
	TAMPA, FL,	33610 City/State and Zip Code	70 4
	E-mail address: (ELDRI DGE G UER' ZOA (to be used for future annual report notificat	U.NET ion)
For further information	concerning this matter, please of	call:	
	ELDRPOGE of Person	at (813) 403 (02) Area Code & Daytime T	Selephone Number
Enclosed is a check for t	he following amount:	,	,
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Division P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROPERTY FORCE, LI		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our recorded Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Comparing Action of Comparing	any were filed on MARCH 22,	2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	liability company here:	
The new name must be distinguishable and end with the words "L. "L. L. C."	imited Liability Company," the designation	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		ESS TO
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	A 20 F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		R 2:38
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent:		nter the name of the new
New Registered Office Address:		
7,000,000	Enter Florida street address	
	, Flori	
	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.

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
MqR	INDUSTRIAL ST	EEL FIBRES C.C.	3 LINTON JONES S GERMISTON JHB, SOUTH AFRICA	Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
		·		Add
D. If amo	ending any other informati	on, enter change(s) here: (A	ttach additional sheets, if necessal	PR 20 RETAR
-				PH 2: 39 (OF STATE FE, FLORIDA
Dated	APRIL 12	, 2010		
	Signa CRAIG ELDA	ature of a member or authorized	•	

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Filing Fee: \$25.00