

| | Requestor's Name) | | | |
|---|----------------------|-----------|--|--|
| (, | Address) | | | |
| (, | Address) | | | |
| (1 | City/State/Zip/Phone | ÷#) | | |
| PICK-UP | WAIT | MAIL | | |
| (| Business Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only

G. MCLEOD

OCT 10 2011

EXAMINER



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10/07/11--01013--010 **25.00

FILED

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SECRETARY OF STATE FLORING

COVER LETTER

| SUBJECT: Chloe Property Management, 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: | | | | | |
| Gene Foley Name of Person | | | | | |
| Chloe Property Management, LLC | | | | | |
| 6919 W Broward Blud #201 | | | | | |
| Plantation, FL 33317 City/State and Zip Code Support @ Security techine. Com E-mail address: (to be used for future armual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Laurie Lane at 954 587-8324 Name of Person Area Code & Daytime Telephone Number | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \text{S60.00 Filing Fee, } \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (a | | | | | |
| Quantification of the second o | | | | | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

> 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

| (Name of the Limited Liability Con | 1000 EMEN | on our records.) | |
|---|--------------------------|---|--|
| (Name of the Limited Liability Con (A Florida Limite | ed Liability Company) | <u> </u> | |
| The Articles of Organization for this Limited Liability Compa | any were filed on 4- | -2-2010 and assigned | |
| Florida document number <u>L10000034089</u> | | _ | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited i | lability company here: | | |
| The new name must be distinguishable and end with the words "L.L.C." | imited Liability Company | " the designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS, | | Aug = | |
| | | | |
| D | | TAR ASS | |
| Enter new mailing address, if applicable: | | TO R IT | |
| (Mailing address MAY BE A POST OFFICE BOX) | | FS: 30 D | |
| | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address on our | records, enter the name of the new | |
| agent unady the new registered office natures i | icie. | | |
| Name of New Registered Agent: | | <u></u> | |
| New Registered Office Address: | , | | |
| | Enter | Enter Florida street address | |
| | Cit | , 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 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> | Address | Type of Action |
|--------------|--------------------------------|---|-------------------|
| <u>5</u> | <u>Gena Mendo</u> | 1930 SW 54 AV Plantation, FL | e Add Remove |
| <u>- ,, </u> | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | AddRemove |
| | | | Add Remove |
| D. If a | mending any other information, | enter change(s) here: (Attach additional sheet) | s, if necessary.) |
| | | | |
| Dated | September 28 | _, 2011 | |
| Dated _ | June, June | Joly | iber |
| | <u> </u> | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00