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C. LEWIS
FEB - 1 (2011
EXAMINER

## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: TATERNATIONAL SER URED Property MANAGE MENT LC 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:
ALLEN L. SternDMAX/ Name of Person
Name of Person
International Secured Property MANAGEMENT CLC Firm/Company ) OFFICE: 109 HOPE CIPCLE - Or LANDO, FT 32811
OFFICE: 109 HOPE CITCLE - OrLANDO, FC 32811
Mail Box: P.D. BOX 585493 OrlANDO, F1 32858-5493 Address
Or (ANDO, FC 328/1- City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALLEN L. StEADMAN at (407) 666-0370
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{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

FILED

2011 JAN 31 PM 18: 53

INTERNATIONAL SECURED PROPERTY MANAGEMENT LLC SECRETARY OF STATI

(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 Co Florida document number <u>L100005805</u>	ompany were filed on $6-1-2010$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and end with the wor'L.L.C."	Property Management CC  ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	109 HOPE Circle
Principal office address MUST BE A STREET ADDR	RESSI ORLANDO, FC 32811
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	P.O. BOX 585493 Orlando, FC 32858-5493
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	tered office address on our records, <u>enter the name of the new</u> ress here:
	CLEN L. STEADMAN
New Registered Office Address: /O	HOPE CIVCLE  Enter Florida street address  (ANDO , Florida Z2811  City Zip Code
	Enter riorida street address
Or	$\frac{\mathcal{C}(A \land O(C))}{\mathcal{C}(B)}$ , Florida $\frac{\mathcal{C}(A \land O(C))}{\mathcal{C}(B)}$
	2.p 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

١,

MGRM = Managing Member Title **Address** Type of Action Name Allen L. Stendman 189 Hope Circle-orl. Flore Remove ☐ Remove ∏ Add Remove  $\bigcap$ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JANUARY Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00