

L10000062493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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OCT 25 2010

EXAMINER



200186734652

10/20/10--01007--014 **25.00

FILED
10 OCT 22 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Areapedia 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:

Marie Code
Name of Person

Firm/Company

1202 SE 8TH PLACE, SUITE A
Address

CAPE CORAL FL 33990 US
City/State and Zip Code

marie@marieesquire.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Code at (239) 829-0063
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Areapedia 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 06/11/2010 and assigned
Florida document number L10000062493.

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 end with 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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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 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

Oct 22 10 03:17p

Marie B. Code

(239) 829-0476

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Gary Ong	1202 SE 8TH PLACE SUITE A CAPE CORAL FL 33990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Elaine Leng Fong Ian a/k/a Elaine Leng Fong Ong	1202 SE 8th Place SUITE A CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Investment Synergy Pty. Ltd.	1202 SE 8th Place SUITE B CAPE CORAL, FL 33990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

✓ Thomas J. Senatore
Signature of a member or authorized representative of a member
✓ THOMAS J. SENATURE
Typed or printed name of signee

Attn. GINA