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EXAMINER



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SECRETARY OF STATE
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COVER LETTER

	istration Section sion of Corporations		•			
SUBJECT: TONI'S PROPERTY MANAGEMENT, L.L.C.						
		ited Liability Company				
The enclosed	Articles of Amendment and fee(s) are sul	bmitted for filing.	,			
Please return	all correspondence concerning this matter	r to the following:				
		MARK HORAN				
Name of Person						
RESIDENT TEAM REALTY, L.L.C.						
Firm/Company						
1813 WEST VIRGINIA DR						
		Address				
KISSIMMEE, FL 34744						
City/State and Zip Code						
	RESIDENTTEAMREALTY@YAHOO.COM E-mail address: (to be used for future annual report notification)					
For further in	formation concerning this matter, please of	•	,			
	MARK HORAN	at (407) 3	01-0312			
Name of Person		Area Code & Daytime Telephone Number				
Enclosed is a	check for the following amount:					
\$25.00 Fil	ing 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

TONI'S PROPE	RTY MANAGEMEN	IT, L.L.C.	
(Name of the Limited Liabili (Λ Florida	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	06/24/2010	and assigned
Florida document number L1000067675	_ -		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company he	re:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "I.	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	Citv		Zin 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 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> **Name** Address **Type of Action** MGR MARK HORAN 1813 WEST VIRGINIA DR ✓ Add KISSIMMEE FLORIDA 34744 Remove □ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NEW MAILING ADDRESS FOR TONI'S PROPERTY MANAGEMENT LLC PO BOX 420427 KISSIMMEE, FLORIDA 34742 **JANUARY 19** 2012 Dated Signature of a member or authorized representative of a member MARK HORAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00