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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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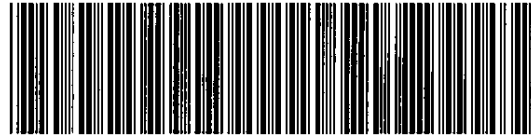
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 19 2010

EXAMINER

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: ESSENTIAL 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:

Meri Gulkis

Name of Person

ESSENTIAL Property Management, LLC

Firm/Company

1648 Taylor Road #124

Address

Port Orange / FLORIDA / 32128-6753

City/State and Zip Code

mbgulkis@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meri Gulkis

Name of Person

at (321) 299-7748

Area Code & Daytime Telephone Number

10 AUG 18 PM 1:02
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TALLAHASSEE, FLORIDA

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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**

Essential Property Management, 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 July 20, 2010 and assigned Florida document number L10000076801.

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)

1648 Taylor Road
#124
Port Orange, FL 32128

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1648 Taylor Road
#124
Port Orange, FL 32128

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:

1648 Taylor Road, #124
Enter Florida street address
Port Orange, Florida
City

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

Title	Name	Address	Type of Action
MGRM	Maryann Hanft	6230 Tortoise Creek Lane	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Port Orange, FL 32128	
MGR	Meri Gulkis	829 Banbury Drive	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		Port Orange, FL 32129	
MGRM	Meri Gulkis	1648 Taylor Road	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		#124	
		Port Orange, FL 32128	
			<input type="checkbox"/> Add <input 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 August 16, 2010

Meri Gulkis

Signature of a member or authorized representative of a member

Meri Gulkis

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE