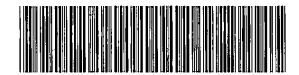
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## **COVER LETTER**

	gistration Sec rision of Corp							
	Waterfront l	Property Management, LLC						
SURJECT:	Name of Limited Liability Company							
The enclosed	I Articles of a	Amendment and fee(s) are sub-	mitted for filing.					
Please returr	all correspor	ndence concerning this matter	to the following:					
		Mary Jane Kuhlman						
			Name of Person					
		Waterfront Property Manag	gement, LLC					
			Firm/Company	·				
			Address	<del></del>				
		Cape Coral, Fl. 33914						
		City/State and Zip Code kbkuhlman@comcast.net						
		E-mail address: (	to be used for future annual report n	olification)				
For further i	nformation co	oncerning this matter, please ca	all:					
Mary Jane F	Kuhlman		239 464-4441					
	Name of	Person	Area Code Dayt	ime Telephone Number				
Enclosed is	a check for th	e following amount:						
□ \$25.00 F	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

Waterfront Property Management, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) \_\_\_\_ and assigned Florida document number \_ 1.10000077964 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Waterfront Property Home Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviations "LLC." 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) 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

## 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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Effective date, if other than the If an effective date is listed, the date min Note: If the date inserted in this bidocument's effective date on the D	st be specific and canno ock does not meet th	it be prior to date of ie applicable stati	filing or more than 90 itory filing requires	(optional) Days after filing.) Pursuan nents, this date will not	t to 605.0207 be listed as
he record specifies a delaye The 90th day after the rec		but not an eff	fective time, at	12:01 a.m. on the	earlier of
February 18 Dated	201	19			
Ma a Vad	2	<u> </u>			
1 Shirt Augus	Signature of a member	er or authorizad con	one antativa of a many		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00