

L10000083488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

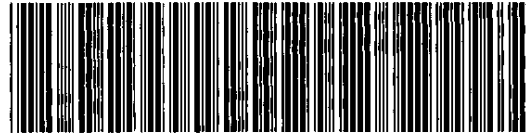
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A. LUNT

AUG 23 2010

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2010 AUG 20 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Executive Property Care 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:

Emil Rafy

Name of Person

Executive Property Care LLC

Firm/Company

401 E. Las Olas Blvd., Ste 130-416

Address

Ft. Lauderdale, FL 33321

City/State and Zip Code

Executivepropertycare@gmail.com

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

For further information concerning this matter, please call:

Emil Rafy

Name of Person

at (954)

240-2251

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 20 PM 3:43

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

Executive Property Care, 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 8/9/2010 and assigned
Florida document number L10000083488.

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)

401 E. Las Olas Blvd.

Ste. 130-416

Ft. Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 E. Las Olas Blvd.

Ste. 130-416

Ft. Lauderdale, FL 33301

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2010 AUG 20 PM 3:43
CLERK 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:

401 E. Las Olas Blvd., Ste 130-416

Enter Florida street address

Ft. Lauderdale

Florida

33301

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

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:

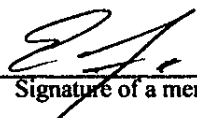
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Rafy, Emil	410 E. Las Olas Blvd. Ste 130-416 Ft. Lauderdale, FL 33301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rafy, Emil	401 E. Las Olas Blvd. Ste 130-416 Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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 17th, 2010



 Signature of a member or authorized representative of a member

 Emil Rafy

 Typed or printed name of signee

RECEIVED
 AUG 22 2010
 3:43 PM
 TALLAHASSEE FLSA