

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	cument Number)			
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EXAMINER



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## **COVER LETTER**

SUBJECT:		Makeovers LLC			
	Name of Limit	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
		Name of Person			
	Property Makeovers LLC				
		Firm/Company			
	2	765 Avenue Au Soleil			
		Address			
	G	Sulfstream, FL 33483			
		City/State and Zip Code			
	E-mail address: (1	orainmatters@juno.com to be used for future annual report notifi	ication)		
For further information co	ncerning this matter, please c	all:			
	-				
	nn Brodyt		702-0257		
Name of	Person	Area Code & Daytim	e Telephone Number		
Enclosed is a check for the	e 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)		

TO:

Registration Section **Division of Corporations** 

> 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

Property M	akeovers LL(			
(Name of the Limited Liability Com (A Florida Limite	pany as it now app d Liability Compan	ears on our records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on _	December 6, 2010	_ and assigned	
Florida document number L10000125405				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company l	nere:		
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Con	npany," the designation "LL	C" or the abbreviat	
Enter new principal offices address, if applicable:			man de la companya de	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	r		
		( ) ( )	SSE 7	
Enter new mailing address, if applicable:		ľ	TI, TO FT	
(Mailing address MAY BE A POST OFFICE BOX)	-	r	s e C	
-			5 5	
		3		
B. If amending the registered agent and/or registered		our records, enter the	name of the n	
registered agent and/or the new registered office address h	<u>ere</u> :			
Name of New Registered Agent:	<u> </u>			
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

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 **Type of Action Title Address** Name Mark L Brody mgr ✓ Add 2765 Avenue Au Soleil Gulfstream, FL 33483 Remove ☐ Add Remove □ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12/13 2010 Dated Signature of a member or authorized representative of a member Lynn D Brody Typed or printed name of signee

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Filing Fee: \$25.00