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2011 APR -1 AM II: 30

J. SAULSBERRY EXAMINER

APR 5 2011

## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Alternative Property Management, 22C 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:
Robert Herring  Name of Person  Alternative Property Management, LLC  Firm/Company
Address  Lakeland, Fl. 33805  RAH112626 amail. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Robert Herring at (813) 546-7672  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{S25.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\subset}\$} \text{\$\text{\$\subset\$}\$} \$\t

### 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

Alternative Property	Management, LLC  ny as it now appears on our records.) iability Company)
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000060</u> 2	were filed on <u>O1/11/11</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter your principal offices address if applicables	701 TALL
Enter new principal offices address, if applicable:	APR APR
(Principal office address MUST BE A STREET ADDRESS)	S <sup>22</sup> 1 mmm
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	30 30
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Prortia street address
	, Florida
	City 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Jesus A. Irizarry	1135 E. Wabash Bortow, Fl. 33830	Add Remove	
m GR	Robert A. Herring	1329 W. 845t. Lakeland, Fl. 33805	_ <b>Z</b> Add ☐ Remove	
M <u>GRM</u>	Robert A. Herring	1329 W. 8th St. Lakeland, Fl. 33865	Add Remove	
			Add Remove	
			Add Remove	
D. If amend	ing any other information, enter change(	(s) here: (Attach additional sheets, if necessary)		
Dated	Signature of a member of	or authorized representative of a member		

Page 2 of 2

Filing Fee: \$25.00