

L11000037968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

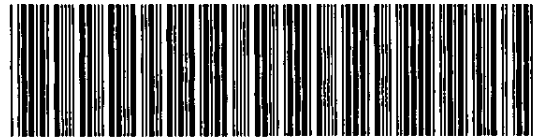
(Business Entity Name)

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2013 JUL 24 PM 2:47
CLERK OF COURT
TALLAHASSEE FLORIDA

JUL 25 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2013

WANDA SMITH
5375 ORTEGA FARMS BLVD., UNIT 906
JACKSONVILLE, FL 32210

SUBJECT: ALLURE TOTAL PROPERTY MANAGEMENT, LLC
Ref. Number: L11000037968

We have received your document for ALLURE TOTAL PROPERTY MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 213A00016742

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLURE TOTAL PROPERTY MANAGEMENT, PLLC
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:

WANDA SMITH

Name of Person

ALLURE TOTAL PROPERTY MANAGEMENT, PLLC

Firm/Company

5375 ORTEGA FARMS BLVD., UNIT 906

Address

JACKSONVILLE, FL 32210

City/State and Zip Code

WSMITHATPM@GMAIL.COM

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

For further information concerning this matter, please call:

WANDA SMITH

Name of Person

at 904 614.2303

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

ALLURE TOTAL PROPERTY MANAGEMENT, PLLC

(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 MARCH 26, 2011 and assigned
Florida document number L11000037968

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)

715 COVE Street
5375 Ortega Farms Blvd., Unit 906
Jacksonville, FL 32210
GREEN COVE Springs, FL 32043
715 COVE Street
5375 Ortega Farms Blvd., Unit 906
Jacksonville, FL 32210
GREEN COVE Springs, FL 32043

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:

715 COVE Street
5375 Ortega Farms Blvd., Unit 906
Green Cove Springs, FL Enter Florida street address
Jacksonville City, Florida 32210 32043
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.

Wanda Smith
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

2013 JUL 24 ^{dd} Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____, _____

Wanda Smith

Signature of a member or authorized representative of a member

Wanda Smith

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA