11000046010

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
·							

Office Use Only



200213353752

10/25/11--01043--004 **25.00

T. CLINE

OCT 26 2011

EXAMINER

SECRETARY OF STATE

FED

COVER LETTER

	ation Section of Corporations					
CHDIECT.	AA PROP	ERTYCARE, LLC				
SUBJECT:		ited Liability Company				
The enclosed Art	icles of Amendment and fee(s) are su	bmitted for filing.				
Please return all o	correspondence concerning this matte	r to the following:				
	AL	ALFREDO MARTIN LUIS				
		Name of Person				
	AA	AA PROPERTYCARE LLC				
	•	Firm/Company				
	1600 PONC	1600 PONCE DE LEON BLVD. SUITE 1018				
		Address				
	CO	CORAL GABLES, FL 33134				
41	:	City/State and Zip Code				
•	E-mail address: (nstruirpais@gmail.com (to be used for future annual report notificat	ion)			
For further inform	nation concerning this matter, please of	call:				
MONICA MAYER		at (305) 89	97-1550			
Name of Person		Area Code & Daytime T	elephone Number			
Enclosed is a chec	ck for the following amount:					
\$25.00 Filing	Fee \$\int \\$30.00 \text{ 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:	STREET/COURIER	ADDRESS: ZOII OCT 25 TALL/AHASSED TOTTOLE			
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Section Division of Corporation	RE I			
		Clifton Building	SSE SSE			
	Tallallassee, FL 32314	2661 Executive Cente Tallahassee, FL 3230				
			FLORID.			
	page 4. Comm		A			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A	<u>A PROPERT</u>	YCARE, LLC				
(Name of the Limite	d Liability Compa	ny as it now appear	s on our records.)	₹s	20 I	
,	A Fiorida Limited i	Liability Company)				
The Articles of Organization for this Limited	were filed on	04/18/2011			gned	
Florida document number L1100004			ARY	25		
				in on		
This amendment is submitted to amend the fo			STAT			
A. If amending name, enter the new name	oility company her	<u>e</u> :	40			
	N/A	\	_			
The new name must be distinguishable and end w "L.L.C."	rith the words "Lim	ited Liability Compa	ny," the designation	"LLC" o	r the ab	breviation
Enter new principal offices address, if appli	1600 PONCE DE LEON BLVD. SUITE 1018					
(Principal office address MUST BE A STRE	CORAL GABLES, FL 33134					
•						
Enter new mailing address, if applicable:	1600 PONCE DE LEON BLVD. SUITE 1018					
(Mailing address MAY BE A POST OFFICE	CORAL GAB	CORAL GABLES, FL 33134				
			• •			
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	ffice address on o	ur records, <u>ente</u>	r the na	me of	the new
registered agent and/or the new registered (onice address her	<u>e</u> :				
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		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 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> **Address** Type of Action N/A N/A ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 6 2011 Dated _ Signature of a member of authorized) representative of a member ALFREDO LUIS MARTIN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00