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## \* COVER LETTER\*

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SUBJEC'						
SCHULE	•••••••••••••••••••••••••••••••••••••••		set Preservation, L.L.C.			
The enclo	sed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please reta	urn all correspo	ondence concerning this matter	to the following:			
	James Boloix Name of Person					
	South Florida Asset Preservation, L.L.C.					
	Firm/Company					
	7570 SW 150 Street					
	Address					
		Palr	netto Bay, Florida 33158			
		11	City/State and Zip Code			
		E-mail address: (	mmyboloix@live.com to be used for future annual report notifica	tion)		
For furthe	r information o	concerning this matter, please of	eall:			
	Ja	ames Boloix	41 /	90-0140		
		f Person	Area Code & Daytime T	•		
Enclosed	is a check for t	he following amount:				
\$25.00	) Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		<i>:</i>				
	Regista Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Florida Asset	Preservation,	L.L.C.			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appear	rs on our records.	ļ		
(A Florida Dillited	Elability Company)				
The Articles of Organization for this Limited Liability Company	y were filed on	May 20, 201	1	and assi	igned
Florida document numberL11000060332					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company her	<u>e</u> :			
The new name must be distinguishable and end with the words "Lim" L.L.C."	nited Liability Compa	ny," the designatio	n "LLC"	or the a	bbreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		·			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		our records, <u>ent</u>	er the n	iame of	f the new
Name of New Registered Agent:			1864 9 1012 14	<u> </u>	
New Registered Office Address:				<u>~~~</u>	Trans.
	Ent	ter Florida street	adaress	<u> </u>	diameter inner
	City	, Florida		ip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			<b>9</b> .1.±	

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

Page 1 of 2

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 = N	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Ivan Davila	9245 Laguna Springs Drive-2nd Floor Flk Grove, CA 95758	Add Remove
<u>MGRM</u>	Lisa Davila	9245 Laguna Springs Drive-2nd Floor Elk Grove, CA 95758	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove 
			Add Remove
D. If amend	ling any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)	_
			<del>-</del>
	September 23	. 2011 .	_
Dated	Copioliisoi 20		
	Signature	of a member or authorized representative of a member	
		James Boloix	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00