## · L11000061731

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

ΤÖ:

**Registration Section** 

| Division of Corporations    |  |   |   |  |  |
|-----------------------------|--|---|---|--|--|
| SUBJECT:                    | Florida Agent's Propert  | ly Management Service   | s II C  |  |  |
| SUBJECT:                    | Name of Limited Liability Company  |   |   |  |  |
|                             |  |   |   |  |  |
| The enclosed Article        | es of Amendment and fee(s) are sub   | omitted for filing.   |   |  |  |
| Please return all con       | respondence concerning this matter   | to the following:   |   |  |  |
|                             |  | Brian F. Fischer  |   |  |  |
|                             | <del></del>  | Name of Person  | <del></del>   |  |  |
|                             |  | Firm/Company  |   |  |  |
| 474 Tamiami Trail #2        |  |   |   |  |  |
|                             |  | Address   |   |  |  |
|                             | Port Charlotte, FL 33953   |   |   |  |  |
|                             | bria   | City/State and Zip Code nfischer78@gmail.com  |   |  |  |
|                             | E-mail address: (1   | to be used for future annual report notific   | ation)  |  |  |
| For further informati       | ion concerning this matter, please c   | all:  | •   |  |  |
|                             | Brian Fischer  | #* \  | 225-5061  |  |  |
| Na                          | me of Person   | Area Code & Daytime   | Telephone Number  |  |  |
| Enclosed is a check t       | for the following amount:  |   |   |  |  |
| <b>✓</b> \$25.00 Filing Fee | \$30.00 Filing Fee &<br>Certificate of Status  | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
| Re<br>Div<br>P.C            | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Illahassee, FL 32314 | STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230 | tions<br>ter Circle   |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Agent's Property Management Services, LACASSEE, FLORIDA

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SECRETARY OF STATE

(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 5/25/2011 and assigned L11000061731 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Florida Investors Property Management Services, LLC 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: 474 Tamiami Trail #2 (Principal office address MUST BE A STREET ADDRESS) Port Charlotte, FL 33953 Enter new mailing address, if applicable: 3536 Madagascar Ave North Port, FL 34286 (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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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 = Ma<br>MGRM = N | nager<br>Nanaging Member               |  |                         |
|----------------------|--|--|-------------------------|
| <u>Title</u>         | <u>Name</u>                            | Address  | Type of Action          |
| <u>.</u>             |  |  | Add<br>Remove           |
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|                      | <del></del>                            |  | Add<br>Remove           |
|                      |  |  | Add<br>Remove           |
|                      |  |  | Add<br>Remove           |
| D. If amend          | ling any other information, enter chan | nge(s) here: (Attach additional sheets, if necessary.)   | <u> </u>                |
| _                    |  | HAT CONTRACT OF THE CONTRACT O | MAR IL                  |
| <br><br>Dated        | March 9 , 2                            | 2012   | <b>M</b> (5) <b>(6)</b> |
|                      | 122                                    |  | <u> </u>                |
|                      | Signature of a memb                    | er or authorized representative of a member<br>Brian F. Fischer  |                         |
|                      | Туре                                   | ed or printed name of signee   |                         |

Page 2 of 2

Filing Fee: \$25.00