## L11000107524

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**EXAMINER** 



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## **COVER LETTER**

Registration Section

TO:

Division of Corporations		<u> </u>		
SUBJECT: ALLIANCE GROUP PRO	OPERTY MANAGEME ted Liability Company	ENT, LLC Z		
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.	7		
Please return all correspondence concerning this matter	to the following:			
	Linda Willms			
	Name of Person			
Alliance Gro	Alliance Group Property Management, LLC			
	Firm/Company			
:	2000 Webber Street			
	Address	:		
	Sarasota, FL 34239			
	City/State and Zip Code			
lwilln	ns@alliancegroupfl.com			
E-mail address: (t	o be used for future annual report not	ification)		
For further information concerning this matter, please ca	all:			
Linda Willms	0.11 .	316-6567		
Name of Person	at (941 ) Area Code & Dayti	316-6567 me Telephone Number		
	•	•		
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ALLIANCE GROUP PROPERTY MANAGEMENT, LLC

(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 Compar	y were filed on	Sept. 20, 2011	and assigned
Florida document number	L11000107524			
This amendment is submitted to a	amend the following:			
A. If amending name, enter the	e new name of the limited lia	bility company he	ere:	
The new name must be distinguisha "L.L.C."	ble and end with the words "Lir	nited Liability Comp	pany," the designation "LL	.C" or the abbreviatio
Enter new principal offices add	ress, if applicable:			
(Principal office address MUST	BE A STREET ADDRESS)			
		<del> </del>		
Enter new mailing address, if a	pplicable:			
(Mailing address MAY BE A PO	OST OFFICE BOX)			
B. If amending the registere			our records, enter th	e name of the nev
registered agent and/or the new	registered office address he	<u>re</u> :		
Name of New Registere	d Agent:		<del></del>	
New Registered Office	Address:			
		Enter Florida street address		
	· <del> </del>		, 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 Changing Registered Agent, Signature of New Registered Agent

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
<u>P</u>	Peter M. Crowley	2000 Webber Street Sarasota, FL 34239	<b>∑</b> Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	<del></del>
_			<del></del>
_			<del>-</del> 
Dated	Signature of a m	ember or authorized representative of a member	
		Peter M. Crowley Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00