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## **COVER LETTER**

TO: Registration of Division of	on Section f Corporations		
Allied	d Veterans Property Manag	gement, LLC	
30 <b>202</b> 01	Name of Lim	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Curtis Fallgatter		
		Name of Person	
	Fallgatter & Catlin, F	P.A.	
		Firm/Company	
	200 East Forsyth St	reet	
		Address	
	Jacksonville, FL 32	202	
	<del></del>	City/State and Zip Code	<del></del>
	fallgatterlaw@fallgat		
	E-mail address: (	to be used for future annual report notif	ication)
For further informat	ion concerning this matter, please c	all:	
Rachel Schwei	rdtfeger	904 353-5800	
Na	ame of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allied Veterans Property Management, LLC		
( <u>Name of the Limited Liability Company as it now appe</u> (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on  Florida document number L11000111105	9/28/11 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<b>⊼</b> ∽	
(Principal office address MUST BE A STREET ADDRESS)		
	AR 20 HASSE	porter a
Enter new mailing address, if applicable:	70	
(Mailing address MAY BE A POST OFFICE BOX)	0900 47	
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, enter the name of the	new
Name of New Registered Agent:		
New Registered Office Address:  Enter F	lorida street address	_
	, Florida	
City:	Zin 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Johnny Duncan	P.O. Box 160939	<b>_</b> Add
		Boiling Springs, SC 29316	Remove
MGR	Allied Veterans of the World,	1965 State Road 16	
	Inc. + Affiliates	St. Augustine, FL 32084	Remove
			Add
			 □ Add
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			Remove
			Add
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tive date, if other than the date of filing:  fective date must be specific, cannot be prior to date of receipt or file the this document is filed by the Florida Department of State)	(optional) d date and cannot be more than 90 days after
ate this document is filed by the Florida Department of State)	(optional) d date and cannot be more than 90 days after
ate this document is filed by the Florida Department of State)  A March 7 2015	<u>.</u> .
tive date, if other than the date of filing:  fective date must be specific, cannot be prior to date of receipt or file ate this document is filed by the Florida Department of State)  March  March  March  Signature of a member or author  Signature of a member or author  Terry Bass as Pro  Typed or printed  Allied Veterans of the	

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Filing Fee: \$25.00