LI1000119115

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

Office Use Only



800239135208

09/04/12--01029--001 **200.00

TÁLLAHASSEE, FINANS. 52

J. SAULSBERRY EXAMINER SEP 7 2012 LAW Offices of

JOSSELSON & POTTER

9400 SW BEAVERTON-HIllsdale Highway, Suite 131-A BEAVERTON, OREGON 97,005 Ielephone: (503) 228-1455 FACSIMILE: (503) 228-0171

August 29, 2012

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

LLC - Articles of Amendment to Articles of Organization

Various Entities

To Whom It May Concern:

Enclosed please find eight (8) Limited Liability Company Articles of Amendment to Articles of Organization for various LLC's that registered in the State of Florida.

The change being made on all of them is the entities place of business has changed their suite number to 105. The address and everything else remains the same.

5385

I have enclosed our check number 5384 in the amount of \$200.00 which covers the cost of the filings for all eight (8) entities at \$25.00 per form.

If you have any questions, please let me know.

Thank you for your courtesies in this matter.

Terri Searing

Office Manager

ts/enclosures

COVER LETTER

Division of Corporations			• • •		
	F			2.2	
SUBJECT: AS	Lily Properties LLO	3			
	Name of Li	mited Liability Company			
		·			
The analoged Autistan	£ 4	whenland for films		•	
The enclosed Afficies o	f Amendment and fee(s) are s	submitted for timing.			
Please return all corresp	condence concerning this matt	ter to the following:			
		Terri Searing			
,		Name of Person			
	Josselson & Potter Firm/Company				
		1 min Company		·	
	9400 SW Beaverto	on-Hillsdale Hwy., Ste 131	l-A		
	D / OD /	Address			
	Beaverton, OR	97005		IZS LA	
		City/State and Zip Code		2012 SEP -4 SECRETARY SULLAHASSE	
	terri@jprlaw.co			SE Y	
		(to be used for future annual report notifica	tion)	RYOF S	
For further information	concerning this matter, please	call:		STA CO	
				152 NDA	
Terri Searing	· .	at (503) 228-1455			
Name	of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for t	the following amount:	:			
🗶 \$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filin	g Fee,	
	Certificate of Status	Certified Copy	Certificate	of Status &	
		(additional copy is enclosed)	Certified C (additional	l copy is enclosed)	
			•		
	ING ADDRESS:	STREET/COURIEF	R ADDRESS:		
Registration Section Division of Corporations		Registration Section	one		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AS Lily Properties LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appe Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	10-14-11	and assigned		
Florida document number <u>L1000119115</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company he	ere:			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Comp	pany," the designation	n "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	9400 SW B	eaverton-Hills	sdale Hwy., Ste 105		
(Principal office address MUST BE A STREET ADDRESS)		OR 97005	2012 SI		
Enter new mailing address, if applicable:			INRY O		
(Mailing address MAY BE A POST OFFICE BOX)					
			9 52 S 2		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, ente	r the name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	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 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:

i • 🕶

MGR = Manager

MGRM	I = Managing Member	r		
<u>Title</u>	<u>Name</u>		Address	Type of Action
				Add Remove
	_			□ Domesus
				□ D amassa
	<u> </u>			Add Remove
				☐ Add ☐ Remove
-				Domosso
D. If ar	nending any other info	ormation, enter chang	ge(s) here: (Attach additional sheets, if neo	70) 7,AL
			· · · · · · · · · · · · · · · · · · ·	FILE 2012 SEP -4 AM SECRETARYOFS
Dated _	August 29, 2012	2	·	AH & 52
			r or authorized representative of a member	
	rrving Poti	ter/Authorized M	1ember or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00