

# L 11000/35/29

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. GALT  
EXAMINER  
MAY 4 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Advantage Property Management Srant, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathaleen Holmes  
Name of Person

Advantage Property Management Srant, LLC  
Firm/Company

2121 Windham Dr.  
Address

Molino, FL 32577  
City/State and Zip Code

ch408w@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathaleen Holmes at 850 382-1235  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$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

\*I have included copies of each document. Please stamp each with the filing date and return to me in the self-addressed, stamped envelope. Thank you.

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Advantage Property Management Grant, 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 Company were filed on Nov. 28, 2011 and assigned Florida document number L11000135129

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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12 MAY - 2 PM 11:02  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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: Clinton Holmes

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.

Clinton Holmes  
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kathaleen Holmes	2121 Windham Dr Moline, FL 32577	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Clinton Holmes	2121 Windham Dr Moline, FL 32577	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated April 25, 2012  
Kathaleen Holmes  
Signature of a member or authorized representative of a member  
Kathaleen Holmes  
Typed or printed name of signee