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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 APR 24 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MY PROPERTY SUPPORT, 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:

BARBARA A. ILARDI

Name of Person

MY PROPERTY SUPPORT, LLC

Firm/Company

4800 WOFFORD LANE

Address

ORLANDO, FL 32810

City/State and Zip Code

BILARDI@TRUEPROPERTYGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA A. ILARDI

407 395-4144
at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MY PROPERTY SUPPORT, 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 DECEMBER 16, 2011 and assigned
Florida document number L11000141300

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 contain 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)

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:

SMOTHERS LAW FIRM, P.A.

New Registered Office Address:

523 WEKIVA COMMONS CIRCLE

Enter Florida street address

APOPKA

City

Florida 32712

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 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.


David A. Smothers
If Changing Registered Agent, Signature of New Registered Agent

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2012 APR 24 PM 1:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JAMES S. ILARDI	4800 WOFFORD LANE	<input type="checkbox"/> Add
		ORLANDO, FL 32810	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BARBARA A. ILARDI	4800 WOFFORD LANE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF PLANT
TALLAHASSEE, FLORIDA

SECRETARY OF PLATE
TALLAHASSEE, FLORIDA

FILED

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated **APRIL 19** 2018

Signature of a member or authorized representative of a member

JAMES S. ILARDI

Typed or printed name of signee