

L11000143705

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EXAMINER



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12/13/12--01013--005 **25.00

FILED
12 DEC 13 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All Home Property Preservation, 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:

Les Leith

Name of Person

All Home Property Preservation, LLC

Firm/Company

8710 W. Hillsborough Ave, #262

Address

Tampa, FL 33615

City/State and Zip Code

allhomepres@gmail.com

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

For further information concerning this matter, please call:

Les Leith

Name of Person

813 503-5003

at ()

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

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12 DEC 13 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

All Home Property Preservation, 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 1 JAN 12

Florida document number L11000143705

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

8710 W. Hillsborough Ave #262

Tampa, FL 33615

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8710 W. Hillsborough Ave #262

Tampa, FL 33615

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:

Oraine Leith

New Registered Office Address:

8710 W. Hillsborough Ave #262

Enter Florida street address

Tampa

City

, Florida 33615

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:

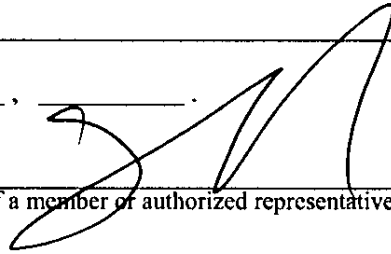
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
SECY	Young, Charles	4142 Mariner Blvd # 221	<input type="checkbox"/> Add
		Spring Hill, FL 33615	<input checked="" type="checkbox"/> Remove
MGRM	Leith, Oraine	8710 W. Hillsborough Ave #262	<input checked="" type="checkbox"/> Add
		Tampa, FL 33615	<input type="checkbox"/> Remove
MGRM	Hunter, Sherrod	8710 W. Hillsborough Ave #262	<input checked="" type="checkbox"/> Add
		Tampa, FL 33615	<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 **10 DEC 12**



Signature of a member or authorized representative of a member

Oraine Leith

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00