## L120000 50860

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	<del>-</del> #)		
PICK-UP	WAIT	MAIL.		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
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12 OCT 26 PM 3: 2
SECRETARY OF STATE
AND MAKES BY BRIEF



October 16, 2012

OMAYRA CARROLL ALLSTATES INVESTMENT PROPERTIES LLC 1035 PRIMERA BLVD #1041 LAKE MARY, FL 32746

SUBJECT: ALLSTATES INVESTMENT PROPERTIES, LLC

Ref. Number: L12000050860

We have received your document for ALLSTATES INVESTMENT PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 212A00025532

Sean Toner Senior Section Administrator

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Allstakes Investment Proporties (ic.  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:
Omayra Carroll Name of Person
Allstates Investment Properties ic
1035 Primera Blyd # 1041
Lake Mary, PC 32-746 City/State and Zip Code
Orrange all States - 1 pg. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Omayo Caroll  Name of Person  at (407) 429 - 4060  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

FILED

12 OCT 26 PH 3: 20

Allstates Investment	Properties UC.  ty Company as it now appears on our real a Limited Liability Company)	SECRETARY OF STATE CORRECTED FROM STATE CORRECTED F	
The Articles of Organization for this Limited Liability		•	
Florida document number 112000506			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
Alstates Investment Prof. The new name must be distinguishable and end with the w. "L.L.C."	Perfies Group, UC. ords "Limited Liability Company." the des	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
	Additional and the state of the		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, F	Torida	
	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

8.5

 $MGR \doteq Manager$ 

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<u> </u>		Add Remove
			Add Remove
). If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
_			_
			_
Dated ()	Jober 23rd . 20	17.	
	Signature of a member	AN COLA	

Page 2 of 2

Filing Fee: \$25.00