

L12000086436

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 30 2013

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: USA PROPERTY WEALTH 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:

COLIN CAUGHEY

Name of Person

USA PROPERTY WEALTH

Firm/Company

4922 LEONARD AVE. S

Address

LEHIGH ACRES, FL 33973

City/State and Zip Code

COLIN@CASHRICHPROPERTIES.COM.AU

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

For further information concerning this matter, please call:

ELIZABETH NICHOLS

Name of Person

at **(239) 321-9314**

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

USA PROPERTY WEALTH 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 07-02-2012 and assigned
Florida document number L12000086436.

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)

4922 LEONARD AVE S

LEHIGH ACRES, FL 33973

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4922 LEONARD AVE S

LEHIGH ACRES, FL 33973

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CLERK OF CIRCUIT COURT
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:

ELIZABETH L NICHOLS

New Registered Office Address:

4922 LEONARD AVE S

Enter Florida street address

LEIGH ACRES

City

, Florida 33973

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.


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

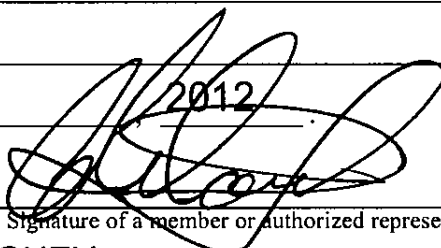
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID DETTMANN	2285 FIRST ST FORT MYERS, FL 33901	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ELIZABETH L NICHOLS	4922 LEONARD AVE S LEHIGH ACRES, FL 33973	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JANUARY 18

2012



Signature of a member or authorized representative of a member

COLIN CAUGHEY

Typed or printed name of signee

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Filing Fee: \$25.00

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