## L12000123397

(Requestor's Name)	—
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
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(Document Number)	
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## **COVER LETTER**

	ration Section on of Corporations	
ZA SUBJECT:	ACH POWELL'S PROPERTY PRESERVATION II, LLC	
30B0E01	Name of Limited Liability Company	
The enclosed Art	rticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Name of Person	
	YOUNG & SONS TAX AND ACCOUNTING, LLC	
	Finn-Company	
	4142 MARINER BLVD	
	Address	
	STE 221	
	City/State and Zip Code SPRING HILL, FL 34609	
	E-mail address: (to be used for future annual report notification)	
For further infor	rnation concerning this matter, please call:	
JAY JACQUES	S 727 859-7567	
	Name of Person Area Code Daytime Telephone Number	-
Enclosed is a che	neck for the following amount:	
■ \$25.00 Filin	ng Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Certificate of Certified Copy (additional copy is enclosed)	Status & y

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, F1, 32301

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## FILED

2015 JUN -9 AM 10: 53

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ZACH POWELL'S PROPERTY PI			
( <u>Name of the Limit</u>	ed Liability Company as it now a (A Florida Limited Liability Comp.	ppears on our records.)	
The Articles of Organization for this Limited Li Florida document number L12000123397	iability Company were filed o	n <u>09/26/2012</u>	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability compa	nv here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company."	the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:		<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and	or registered office addres	ss on our records,	enter the name of the new
registered agent and/or the new registered of			
N	YOUNG & SONS TAX AN	ID ACCOUNTING, LE	C
Name of New Registered Agent:			
New Registered Office Address:	4142 MARINER BLVD, ST	E 221 T Florida street åddress	
	SPRING HILL		34600
	Cuy	, Flor	ida 34609 Zip Code
New Registered Agent's Signature, if changing i	Registered Agent:		·
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registeing filed to merely reflect a change in the company has been notified in writing of this	er and complete performan istered agent as provided fo registered office address, I change.	ce of my duties, and r in Chapter 605, F.	Lam familiar with and S. Or, if this document is the limited liability

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>	Address	Type of Action
MGR	LEWIS, NICKOLETT	4142 MARINER BLVD	
		STE 128	Remove
		SPRING HILL, FL 34609	Change
			Add
			Remove
			☐ Change
			□ Remove
			Change
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(ll'an c Note:	tive date, if other than the date of filing:	5 0207 (3)(b) ted as the
) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated	JUNE 5, 2015	
	Signature of a member or pullotized representative of a member	

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Filing Fee: \$25.00