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SECRETARY OF STATE
AND AHASSEE, FLORIDA

N. Cuttigan DEC 1 1 2012

## **COVER LETTER**

•		00,222	
TO: Registrat	ion Section of Corporations	<b>vi</b> at se	* <b>◆</b>
SUBJECT:		lanagement	LLC
•	Name of Lim	ited Liability Company	
	eles of Amendment and fee(s) are sul	_	
Please return all co	orrespondence concerning this matter	r to the following:	
	Michael	Fohling Name of Person	ec
	**************************************	Firm/Company	
		1.	0 0 0
	<u>3121 W</u>		Beach Blud Sule 102
		Address	
	Hallandale	FC	33009
		City/State and Zip Code	<del>,</del>
		) Fropro, ne	
	E-mail address: (	(to be used for future annua	ll report notification)
For further informa	ation concerning this matter, please	call:	
Micha	el Frohlinger	at (7)8)	4 (9 - 1392) de & Daytime Telephone Number
1	Name of Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	k for the following amount:		
\$25.00 Filing F	ee \$\omega\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee Certified Copy	& \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2012 DEC 10 AN II: 49

\* 1

•	•	JΓ	STATE
		Management	SECRETARY OF STATE LITALCAHASSEE, FLORIDA
( <u>Name of the Limited Li</u> (A Flo	ability Comporida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liabi	•	y were filed on	and assigned
This amendment is submitted to amend the following	ng:	•	•
A. If amending name, <u>enter the new name of th</u>		hility company here:	
and the name of the		omey company nore.	
The new name must be distinguishable and end with th "L.L.C."	ne words "Lin	nited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	IDDKESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office			ds, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florid	a street address
-	·····	City	Florida

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 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> **Address Type of Action** Add Remove Remove Remove Remove Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
	The purpose of this LC is organize	d				
•	For "Property Management!"					
•		<del>.</del>				
	10 110					
Dated	12/0/12					
mall telly						
	Signature of a member or authorized Pepresentative of a member					
	Michael Frohlinger					
	Typed or printed name of signee					
	Page 3 of 3					

Filing Fee: \$25.00

SECRETARY OF STATE