# L13000035588

(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
•	,			
(Cit	ty/State/Zip/Phone	<del>;</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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## COVER LETTER

TO: Registration Section
Division of Corporations

Lovesun Property Care 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:

Eliana J. Walker

Name of Person

Eliana J. Walker LLC

Firm/Company

131 Key Haven Road

Address

Key West, FL 33040

City/State and Zip Code

ejaureguy@aol.com

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

For further information concerning this matter, please call:

Eliana J. Walker

*",*305、731-9416

Name of Person

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lovesun Property Care LI					
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our rec Liability Company)	cords.)		
The Articles of Organization for this Limited L	iability Company	were filed on 9/12/2013	and assigned		
Florida document number L13000035588	·				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
Eliana J. Walker LLC					
The new name must be distinguishable and end with the	words "Limited Liab	ility 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)		131 Key Haven Road			
		Key West, FL 33040	0 洋資 🕏		
			10 17 17 17 17 17 17 17 17 17 17 17 17 17		
			39-31 CO 11-		
Enter new mailing address, if applicable:			(1)		
(Mailing address MAY BE A POST OFFICE BOX)		-			
	•		177 THE CO.		
			2.00		
B. If amending the registered agent and	or registered of	ffice address on our reco	ords, enter the name of the		
<u>registered agent and/or the new registered o</u>	mice address ner	<u>e</u> :			
Name of New Registered Agent:	Eliana J. Walker				
New Registered Office Address:	131 Key Haven Road				
the state of the s		Enter Florida street add	ldress		
	Key West		, Florida <u>33040</u>		
		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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

<u>tle</u>	<u>Name</u>	Address	Type of Ac	
GRM	Michael L. Herrera	1104 Truman Ave., Apt 3		
		Key West, FL 33040	Remove	
			□ Add	
			□ Remove	
			□ Remove	
			Remove	
<del></del>			G Add	
			Remove	
			Add	
			□ Remove	

D. If amending any other information, enter change(s) here: (Attach additional s	eets, if necessary.)
	<del></del>
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) than 90 days after
Dated August 11 2014	
Signature of a member or authorized representative of a m	
Eliana J. Walker	moer
Typed or printed name of signce	
	ASS 7
	+ <del>7</del> 2 + 1

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Filing Fee: \$25.00