Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000347358 3)))



H180003473583ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086
Phone : (718)569-2703

Phone : (718)569-2703 Fax Number : (718)504-7890

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: contact@interstatefilings.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASPEN PROPERTY MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fm:Interstate Filings LLC To:ASPEN PROPERTY MANAGEMENT LLC (((H18000347358 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASPEN PROPERTY MANAGEMENT LLC	hw annears on our seconds
(Name of the Limited Linbility Company as it n (A Florida Limited Linbility C	umpany)
The Articles of Organization for this Limited Liability Company were fil	ed on 04/04/2013 and assigned
Florida document number L13000049958	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	ibaua pere:
The new name must be distinguishable and end with the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	SSC
Enter new mailing address, if applicable:	्र के के कि का
(Mailing address MAY BE A POST OFFICE BOX)	5
	<u> </u>
B. If amending the registered agent and/or registered office ad-	iress on our records, gnter the name of the n
registered agent and/or the new registered office ackiress here:	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
THE PROPERTY PRINCE AND ADDRESS OF THE PROPERTY OF THE PROPERT	Enter Florida street address
	, Florida
City	Zin Code

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, 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

Page 1 of 3

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	STEPHEN MOSSINI	500 FRANK W BURR BLVD #47	7 ≌ Add
		TEANECK, NJ 07666	
		· · · · · · · · · · · · · · · · · · ·	
·	·		∰ Add
			Remove
	·	<u> </u>	Ado
			SSEE, FLOWING
			Remove
			_☐ Remove

FE: Interstate Filings LLC	(((H18000347358 3)))	1	14:20
D. If amending	any other information, enter cha	nge(s) bere: (Attach addi	tional sheets, if necessary.)
·;			
			

E. Effective date, if other than the date of filing: (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

the date this document is filed by the Florida Department of State)

Dated DECEMBER 6 201

Signature of a member or hulber 2011 representative of a member

ISAAC ROSS

Typed or printed mone of signee

Page 3 of 3

