

L130000056618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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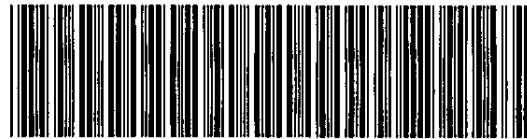
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 21 2013

T. BROWN

A

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **A & J POPERTY HOLDING MANAGMENT 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:

CHARLES NELSON

Name of Person

A & J POPERTY HOLDING MANAGMENT LLC

Firm/Company

11208 MARVELWOOD RD.

Address

WEEKI WACHEE, FL 34614

City/State and Zip Code

nelson495902@gmail.com

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

For further information concerning this matter, please call:

CHARLES NELSON

Name of Person

at **(352) 872-6206**

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**

A & J POPERTY HOLDING MANAGMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/16/13 and assigned
Florida document number L13000056618.

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)

925 PONCE DE LEON BLVD.

BROOKSVILLE, FL 34601

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11208 MARVELWOOD RD

WEEKI WACHEE, FL 34614

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:

New Registered Office Address:

11208 MARVELWOOD RD

Enter Florida street address

WEEKI WACHEE

Florida 34614

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 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 Changing Registered Agent, 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> |
|--------------|-------------------|--|--|
| MGRM | SCOTT BORGESON | 9310 E. GOBBLER DR. FLORAL CITY, FL 34436 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | JULIE BORGESON | 9310 E. GOBBLER DR. FLORAL CITY, FL 34436 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | CHARLES C. NELSON | 11208 MARVELWOOD RD. WEEKI WACHEE, FL 34614 | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | <i>Change of Address only</i> | |
| MGRM | DEBORAH M. NELSON | 11208 MARVELWOOD RD. WEEKI WACHEE, FL 34614 | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | <i>Change of Address only</i> | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated NOVEMBER 13TH, 2013.



Signature of a member or authorized representative of a member

CHARLES NELSON

Typed or printed name of signee

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Filing Fee: \$25.00