413000070608

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Property Solutions, 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:

Jorge Grands

Name of Person

All Property Solutions, LLC.

Firm/Company

3677 23rd Ave. S., Ste. A-102

Address

Lake Worth, FL 33461

City/State and Zip Code

jgranda@allpropsolutions.com

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

For further information concerning this matter, please call:

Jorge Granda

at (800) 395-6211 x-404

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



January 9, 2014

JORGE GRANDS 3677 23RD AVE S STE A-102 LAKE WORTH, FL 33461

SUBJECT: ALL PROPERTY SOLUTIONS, LLC.

Ref. Number: L13000070608

We have received your document for ALL PROPERTY SOLUTIONS, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 514A00000631

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

All Property Solutions,			MO	-		
(Name of the Lim	Ited Liability Compa (A Florida Limited !	ny as it now appe Liability Company)	are on our records.)	Y.		
The Articles of Organization for this Limited Liability Company were filed on May 14, 2013 and assignation and assignation document number L13000070608						
This amendment is submitted to amend the following	llowing:					
A. If amending name, enter the new name	of the limited liab	ility company l	<u>ierė</u> :			
The new name must be distinguishable and end with the	e words "Limited Liab	oility Company," th	e designation "LLC" or the abbreviation "L.L.C."	-		
Enter new principal offices address, if applicable:		3677 23rd Ave. S.				
(Principal office address MUST BE A STREET ADDRESS)		Suite A102				
		Lake Wor	Lake Worth, FL 33461			
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered agent.)	l/or registered of		n our records, enter the name of the i	- 1 <u>ew</u>		
Name of New Registered Agent:	Jorge Granda			_		
New Registered Office Address:	3677 23rd Ave. S.					
ATO THE ASSESSED OF THE PARTY O	Enter Florida street address					
	Lake Wort	h	, Florida 33461 Zip Code	_		
		City	Zip Code			
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete gistered agent as p	performance of provided for in	of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is	the		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

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:

AMBR = A	uthorized Member			
<u>Title</u>	Name	Address	Type of Action	
Mgr	Susan C Wilson	701 S. Olive Ave.	□ Add	
		Apt. 1613	Remove	
		West Palm Beach, FL 33	401	
Mgr	Ivy Lipkin	701 S. Olive Ave.		
		Apt. 1918	Remove	
		West Palm Beach, FL 334	1 01	
		·	□ Add	
			☐ Remove	
<u></u>				
			□ Remove	
			<u> </u>	
			D Add	
			Rentaves 2014	
		•	SECRETARY OF A	

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 than 90 days after the date this document is filed by the Florida Department of State)

Dated

January 27

Signature of Americer or dutherized representative of a member

Jorge Granda

To: Tammy Hampton

From: Harmony Lifestyle Fax: (800) 516-3503

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Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STAFE

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Fax: +1 (850) 245-6030

דורבט