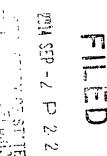
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B. BOSTICK
SEP 1 0 2014
EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AZTEC PROPERTY ENTERPRISES, 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:
BILL PHILLIPS Name of Person
AZTEC PROPERTY ENTERPOSES, LLC Firm/Company
244 AZTEC DRIVE Address
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
BILL PHILLIPS  at (407) 782-7020  Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(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**

Name of the Limited Liability Co. (A Florida Line)	TY ENTERIRISES ompany as it now appears on o	ir records.)
The Articles of Organization for this Limited Liability Comp		
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	11:11: 0 24 1:	
-	i Liaotity Company, the design	ation LLC of the appreviation L.L.C.
Enter new principal offices address, if applicable:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>(Principal office address MUST BE A STREET ADDRES.</u>	<u>sy</u>	
		(CENTRAL PORT OF THE PORT OF T
Enter new mailing address, if applicable:		To To
(Mailing address MAY BE A POST OFFICE BOX)		2. 2. Lui
		igm N
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the name of the ne
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

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241

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

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>:

MGR = Manager

AMBR = Aut	thorized Member		
<u>Title</u>	Name	Address	Type of Action
Marm	SHARON K, BISHOP	2965 HARVEST LANE	□ Add
		KISSIMMEE, FLORIDA 34744	Remove
MGRM	JAMES T. McFadzed	an 1120 W. ROBERTS ST.	ID Add
		ORANGE CITY, FL 3276	<u>3</u> □ Remove
			Add
,			- Remove
	<del></del>	्रा १. म इ. म	_ Add
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61-01	an the date of filing:) Sefferbeck + Roll (optional) fic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	4
	Bitt Ballyn
	Signature of a member or authorized representative of a member  PHILLIPS, BILLY C Registered Agent & Me Typed or printed name of signee
	Types of printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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