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J. Sharara JAN 20 2015

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: <u>Oll South Property Preservation</u> , <u>LC</u> Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Name of Person
ay South Property Preservation
13350 SW Band path
Lake Butler, FL 32054 City/State and Zip Code
all south property preservation agmail. con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (386) 365-5250  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$5.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$\$\$60.00 Filing Fce, Certified Copy (additional copy is enclosed)}\$\$\$ 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

OU South Pr (Name of the Limit	Operty Preservation LC red Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	iability Company were filed on 12 30 12013 and assigned
Florida document number <u>L1300017</u>	1 /
This amendment is submitted to amend the follow	owing:
A. If amending name, enter the new name of	f 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 applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/registered agent and/or the new registered of	or registered office address on our records, enter the name of the new
Name of New Registered Agent:	Fred D Sirmones Jr Fr of
New Registered Office Address:	Enter Floridu street address  Enter Floridu street address  City Porida  Florida  Tip Cod-
New Registered Agent's Signature, if changing I	City Court
provisions of all statutes relative to the prop accept the obligations of my position as regi	ed agent and agree to act in this capacity. I further agree to comply with the ser and complete performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address. I hereby confirm that the limited liability change.

Page 1 of 3

f 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 = Ma $AMBR = Au$	anager uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
mak	Karen ATrouell	13350 SW 82rd path 0 Add
		Lake Butler, FL 32004 De Remove
<u>mbr</u>	Fred D Sirmones ar	13350 au 82 path XAdd
		Lake Butler, FL 32054 @ Remiove
	<del></del>	Add
		Remove
•		
		Rendre S
		SEF F
		Remove
		Add
		Remove

J. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) .
	·
(The e	ctive date, if other than the date of filing: (optional)  flective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
Date	d 12/19/14 , 2014 gg / )
	Signature of a member or authorized representative of a member
	Karen Atrowell Fred Simone 71 Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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