

L14 0000000617 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100255135721

01/06/14--01038--013 **25.00

2014 JAN -6 PM 3:05
RECEIVED BY MAIL
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 10 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVESTMENT PROPERTY CONSULTANTS, 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:

MICHELE DIGLIO-BENKIRAN

Name of Person

NEJAME LAW

Firm/Company

189 SOUTH ORANGE AVE. #1800

Address

ORLANDO, FL 32801

City/State and Zip Code

HR@NEJAMELAW.COM

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

For further information concerning this matter, please call:

MATTHEW MERDIAN

Name of Person

at 407 230-8093

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

CLERK OF COURT
TALLAHASSEE, FL 32301

2014 JAN -6 PM 3:05

fwd ok

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INVESTMENT PROPERTY CONSULTANTS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/2/2014 and assigned
Florida document number L14000000617.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INVESTMENT PROPERTY CONNECTION, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2014 JAN 6 PM 3:05	FILED
	CLERK OF CIRCUIT COURT
	JACKSONVILLE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

_____, Florida _____

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 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, 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

RECEIVED
TALLAHASSEE FLORIDA

2014 JAN - 6 PM 3:05

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

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated JANUARY 4, 2014



Signature of a member or authorized representative of a member

matthew merdian, manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JAN -6 PM 3:05
TALLAHASSEE, FLORIDA