L14000006978

(Re	questor's Name)	
(Add	dress)	
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(Adi	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY DESIGNATION OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

" ALEXION PROPERTIES, 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:

Name of Person

PANAGOS & ASSOCIATES CPAS LLC

Firm/Company

2893 EXECUTIVE PARK DR., STE # 102

Address

WESTON, FL 33331

City/State and Zip Code

CPA@PANAGOSCPAS.COM

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

For further information concerning this matter, please call:

PETER J. PANAGOS, CPA "/954、389-1179 EXT 321

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 28, 2014

PANAGOS & ASSOCIATES CPAS 2893 EXECUTIVE PARK DRIVE SUITE 102 WESTON, FL 33331

SUBJECT: ALEXION PROPERTIES, LLC

Ref. Number: L14000006978

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

The effective date must be specific and cannot be prior to the date of filing.

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: 814A00001908

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2014 JAN 23 PN 12: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALEXION PROPERTIES, 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 Liabili	ty Company were filed on JANUARY	14, 2014 and assigned
Florida document number L14000006978		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
AMERICAN ESTATES, LLC		
The new name must be distinguishable and end with the words	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our reco	ords, enter the name of the new
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street aa	Idress
		. 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:

Title	Namo	A ddwogg	Type of Action
<u>Title</u>	Name	<u>Address</u>	1 ype of Action
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Effective date, if other than the date of filing:	te of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department	
Dated JANUARY 16	2014
y h	
Signature of a m	nember or authorized representative of a member
THOMAS ALEXÍON	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
WH JAN 23 PH 12:51
SECRETARY DESTATE