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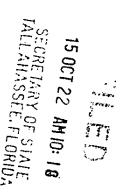
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### **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:Er	ic V. Albertson	ucd Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	ERIC V All	nection)	
	CKIC · III	Name of Person	
		F'/O	
		Firm/Company	
	39 Countrell	Place	
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	half alberts	Address  2 32137  City/State and Zip Code  O O gmail · Com  o be used for future annual report notifications.	
	E-mail address: (to	o be used for future annual report notification	ation)
	ncerning this matter, please ca		
Beic V All	bertson	at ( <u>386</u> ) <u>237</u> Area Code Daytime T	
Name of I	erson	Area Code Daytime I	Felephone 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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF:

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L140000 6 6319</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Albertson Property Watch * manage The new name must be distinguishable and contain the words "Limited Liab	Ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	39 Courtney Place Palm Coast, FL 32137
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	39 Courtney Place Palm Coast, Pl 32137
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	5 OCT
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	ERIC V Albertson	39 Courtney Acce Palm Coast, Fi 32137	Add
		Palm Coast, FI 32137	□ Remove
			Change
AMBR	Elizabeth Albertson	39 Courtney Place Palm Coast, Fr. 32137	<b>X</b> Add
	_	Palm Coast, F2 32137	Remove
			Change
			Add
			□ Remove
			Change
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	(optional)	
neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date:  If the date inserted in this block does not meet the applicable statutory filing requirement.		
rument's effective date on the Department of State's records.	<b>,</b>	
record specifies a delayed effective date, but not an effective time, at 12	2:01 a.m. on t	the earlier
he 90th day after the record is filed.		
1-11		
ed 10   19   15 ,		
Signature of a member or authorized representative of a member  Elizabeth Albertson  Typed or printed name of signee		
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00