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Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALBA PROPERTIES AT PABLO OAKS LLC

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14 JUN 25 AM 9:59
TALLAHASSEE, FLORIDA

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Emma Richardson
DATE	6/25/2014 12:53:16 PM PDT
RE	FL Amendment LZ Order #510335328

COVER MESSAGE

Emma Richardson
Document Processor, Business Services
LegalZoom.com<<http://www.legalzoom.com/>>
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALBA PROPERTIES AT PABLO OAKS 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

prioritycf@aol.com

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

For further information concerning this matter, please call:

Imelda Vasquez

323

962-8600 ext 7950

Name of Person

at ()

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALBA PROPERTIES AT PABLO OAKS 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 06/19/014 and assigned
Florida document number L14000098555

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 Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

City, Florida 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>
MGR	LOIDA FLOWERS	4344 PHILLIPS HIGHWAY	<input type="checkbox"/> Add
		JACKSONVILLE	<input checked="" type="checkbox"/> Remove
		FL 32207	
MGR	CHRISTIAN FLOWERS	4344 PHILLIPS HIGHWAY	<input type="checkbox"/> Add
		JACKSONVILLE	<input checked="" type="checkbox"/> Remove
		FL 32207	
AMBR	CHRISTIAN FLOWERS	4344 PHILLIPS HIGHWAY	<input checked="" type="checkbox"/> Add
		JACKSONVILLE	<input type="checkbox"/> Remove
		FL 32207	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 24, 2014

Christian Flowers

Signature of a member or authorized representative of a member

Christian Flowers

Typed or printed name of signer

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Filing Fee: \$25.00

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14 JUN 25 11 51 AM '14
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