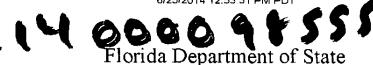
Division of Corporation



Division of Corporations Electronic Filing Cover Sheet

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Phone : (323)962-8600
Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALBA PROPERTIES AT PABLO OAKS LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

# **FAX COVER SHEET**

ТО		
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<a href="http://www.legalzoom.com/">http://www.legalzoom.com/</a>>
9900 Spectrum Drive, Austin,TX 78717

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### **COVER LETTER**

	egistration Section ivision of Corporations	
	ALBA PROPERTIES AT PABLO OAKS LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed	sed Articles of Amendment and fec(s) are submitted for filing.	
Please return	irn 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  priorityef@aol.com  E-mail address: (to be used for future annual report notifical	ion
	r information concerning this matter, please call:	
Imelda Va	at (	
Enclosed is.	Name of Person Area Code Daytime Te	elephone Number
□ \$25.00 I	O Filing Fee \$\Bigcup \text{\$\sigma}\$\$\$ \$\$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: STREET/COURIER Registration Section Registration Section	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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.)

The Articles of Organization for this Limited Liability Company	were filed on 06/	19/014	and as	signed
Florida document number L14000098555			••••	
This amendment is submitted to amend the following:			· · · · · · · · · · · · · · · · · · ·	,
A. If amending name, enter the new name of the limited liab	lity company her	<b>'e:</b>	• •	er en
		· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the d	esignation "LLC" or the a	bbreviation "	LL.C." .
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	<u> </u>
	·	·		
	·			Son and
Enter new mailing address, if applicable:	•	*	<del> </del>	100
(Mailing address MAY BE A POST OFFICE BOX)				
	·	·	<u> </u>	<b>?</b>
			- <b>3</b>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter	the name	of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		·	<del></del> , ·-
New Registered Office Address:				
	Enter Flori	da street address		
		, Florida		<del></del> `
	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

Page 1 of 3

MGR = Ma AMBR = Au	nager thorized Member		
Title	Name	Address	Type of Action
MGR .	LOIDA FLOWERS	4344 PHILLIPS HIGHWAY	🖂 Add
		JACKSONVILLE	<b>☑</b> Remove
		FL 32207	
MGR	CHRISTIAN FLOWERS	4344 PHILLIPS HIGHWAY	🗆 Add
		JACKSONVILLE	☑ Remove
		FL 32207	
AMBR	CHRISTIAN FLOWERS	4344 PHILLIPS HIGHWAY	ØiAdd
		JACKSONVILLE	☐ Remove
		FL 32207	
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			☐ Remove
· ·			🗆 Add
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	(	Kint V	lower.				
	Signature (	of a member of	~	presentative	il a member	<del> </del>	
į	te must be specific, o	te must be specific, cannot be prior to cument is filed by the Florida Depar	June 27 . 26	e, if other than the date of filing: te must be specific, cannot be prior to date of receipt or filed date cument is filed by the Florida Department of State)	e, if other than the date of filing:  te must be specific, cannot be prior to date of receipt or filed date and cannot be current is filed by the Florida Department of State)  June 24  2014	e, if other than the date of filing:  te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 ocument is filed by the Florida Department of State)  June 27  2014	e, if other than the date of filing:  to must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cument is filed by the Florida Department of State)

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Filing Fee: \$25.00.