## 45000004097

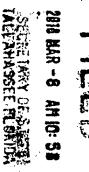
(Re	questor's Name)	
(Add	dress)	
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PICK-UP		
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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MARRIE J. HARRIE

## **COVER LETTER**

TO: Regi	istration Section sion of Corpor	on ationș		
SUBJECT:		ASSUPE d Name of Limit	Anobly his ed Liability Company	<u>uc</u>
The enclosed	Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return	all corresponde	ence concerning this matter to	o the following:	
		Samu	Name of Person	<u></u>
		12333 Bornton	Firm/Company  Collowy Collows  Address  City/State and Zip Code	estion)
For further in	formation cond	terning this matter, please cal		iculion,
<u>Sar</u>	Name of Pe	Anicelte	at (561) 856	- 0270 Telephone Number
Enclosed is a	check for the t	ollowing amount:		
□ \$25.00 Fi	iling 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 10, 2018

SAMUEL ANICETTE 507 N DIXIE HWY LAKE WORTH, FL 33460

SUBJECT: ASSURED PROPERTIES LLC

Ref. Number: L15000004097

We have received your document for ASSURED PROPERTIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 218A00000614

RECEIVED

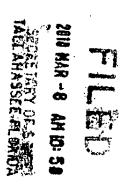
BIBHAR-8 ANII: 04

DEPARTMENT OF STATE

SEPRICE OF STATE

SEPRICE OF STATE

SALLAHASSEE. FLORICE



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

Name of the Limited Liability Companies (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L150000</u> 97	vere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	ie abbreviation "L.L.C."
Enter new principal offices address, if applicable:		26 2
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		8 AH 10: 5
B. If amending the registered agent and/or registered office address here:		ter the name of the new
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

or removed fr	com our records:	mage, enter the tine, haine, and address of each	person being aude
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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		Lake Worthit 3346	
Mbr	Leonne Vertus	6201 Willoughby Cir	□ Change
		Lake Worth F1 334	Remove
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cument's effe	ctive date on the	e Department of	f State's records	•			
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Page 3 of 3

Filing Fee: \$25.00