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(Ře	questor's Name)		
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SECRETARY OF STATE
ONLY ARRANGE

K.SALY EXMINER JUL 27

COVER LETTER

	Registration Section Division of Corporation			•
SUBJEC	T:	Name of Limite	2rS Proper-	Tes, 11c
The enclo	osed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please re	turn'all correspond	ence concerning this matter to	the following:	
		Eliza	beth Baker	
		_ CriC	Barre of Person Barre of Person Firm/Company	perties, 11c
		1941 P	Drookshire C	ircle
		melbou	LIFE F1 3 c	2904
		E-mail address: (to	be used for future annual report notificat	a.l. (0m
For furth	er information cond	cerning this matter, please call	l:	
	Name of Pe	ebeth Baker	at (321) 96/3 Area Code Daytime Te	200 elephone Number
Enclosed	is a check for the f	following amount:		
□ \$25.0	00 Filing Fcc	Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fcc, 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

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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	ate, if other to date is listed, the date inserted in effective date	e date must be : in this block :	specific and does not a	d cannot be meet the ap	oplicable s	tatutory fili	ng requiren	nents, thi	filing.) P	ursuant to 6 ll not be li	05.0207 (3 sted as th
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Filing Fee: \$25.00