

217000016922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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2017 DEC - 7 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC - 7 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 135 ALL PRO PROPERTIES 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:

SHERRY E HAZARD

Name of Person

135 ALL PRO PROPERTIES LLC

Firm/Company

PO BOX 1424

Address

GENEVA FLORIDA 32732

City/State and Zip Code

ALLPROPROPSLLC@AOL.COM

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

For further information concerning this matter, please call:

SHERRY E HAZARD

407 790-1011

at (_____) _____

Name of Person

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**

135 ALL PRO PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/23/2017 and assigned
Florida document number L17000016922.

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 contain the words "Limited Liability 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)

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MBR	DAVID B. HAZARD	135 Pine St	<input checked="" type="checkbox"/> Add
		Geneva Il. 32732	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2017 DEC -7 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2011 DEC
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 DEC - 7 PM 2:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/23/2017

Signature of a member or authorized representative of a member

SHERRY E HAZARD

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2017

135 ALL PRO PROPERTIES LLC
SHERRY E HAZARD
P.O.BOX 1424
GENEVA, FL 32732

SUBJECT: 135 ALL PRO PROPERTIES LLC
Ref. Number: L17000016922

We have received your document for 135 ALL PRO PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page for your convenience.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00023992

2017 DEC -7 PM 12:22

TALLAHASSEE, FLORIDA