# L 19 0000 12 137

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/Fiffolie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. YOUNG

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: JPC	Property /	Manage Ment ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jerenn	Pryor	
	,	Name of Person  Perty Management  Pirm/Company	nt
	1702 Hung	/ 83 Address	<u> </u>
	DeFunial S	prings FC 324	33
	Jeveny Pryor E-mail address: (1	City/State and Zip Code  89  90  90  100  100  100  100  100  1	cation)
For further information co	oncerning this matter, please ca	ali:	
Jeremy	Pryor	at (850) 419 - Area Code Daytime	5748
name of	rerson	Area Code Dayume	Telephone (vumber
Enclosed is a check for the	e 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

# TO ARTICLES OF ORGANIZATION OF

M

IPC Property Manage	Ment	
PC Proferty Manage  (Name of the Limited Liability Compan  (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L1900Go (2137</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
C /		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
		F III
	ζ., ζ., ε:	C, o Lu
Enter new mailing address, if applicable:		: 골 ㅁ_
(Mailing address MAY BE A POST OFFICE BOX)		25. <u>5.</u> 2. 2
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		e name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Finer 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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	performance of my duties, and I am fan rovided for in Chapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

### or removed from our records:

MGR = Manager

**AMBR** = **Authorized Member** 

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Pete Neal	1702 Huy 83 DeFuniak Spring, FL 32433	D Add
		DeFung & Spring, FL 32433	Remove
			Change
			🗆 Add
1			Remove
			Change
<del></del>			
			□ Remove
			Change
	<del></del>		Add
			Remove
			Change
			Add
			□ Remove
			Change
<del></del>	<del></del>		□ Add
			Remove
			□ Change

•	
E. Effec	tive date, if other than the date of filing: (optional)
Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 4/4/14
	Signature of a member or authorized representative of a member
	Jerenny Pryor
	Typed or printed name of signee

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Filing Fee: \$25.00