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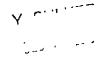
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FILED
2019 NOV -4 AH :: 58
SECTION OF CONTROLS



COVER LETTER

Division of Corporations				
SUBJECT: All American Property Management Pros LLC Name of Limited Hisbility Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Genelle Bennett Name of Person				
All American Property Management from U.C.				
Po Box 100523 Address				
Cape Coral, FL 33910 City/State and Zip Code				
F-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Concll Bennett at (239) 834-2868 Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Sadous Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

, , ,

Registration Section

TO:

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

The Articles of Organization for this Limited Liability Company were filed on $\frac{10-15-19}{10-15-19}$ and assigned Florida document number <u>L1900258977</u>. 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

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>	Address	Type of Action
YMBR	Genelle Bennett	PO Box 100523	Add
		POBOX 100523 Cape Coral, FL 33910	Remove
			Change
			□ Remove
			Change

			Remove
			Change
			D Add
			Remove
			Change
			🗆 Add
		-	Remove
			Change
		-	□ Add
			□ Remove
			□ Change

If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
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_	
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_	
Note:	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	01. 315t 2019
	Signature of a member or authorized representative of a member
	Genelle Bennett Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00