

5/25/2020

L20000172032

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000195875 3)))



H200001958753ABC4

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 128010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

2020 JUN 25 AM 10:43

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2020 JUN 25 PM 5:13  
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ALAN GENZLINGER

## FLORIDA LIMITED LIABILITY CO.

## Llama Properties LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

For  
6/26/2020

**Matt Singam**

From: limitedonline@dos.state.fl.us  
Sent: Friday, June 19, 2020 6:29 AM  
To: DL-Onlinefilings  
Subject: Corporate Filing - 800346315338

Llama Properties, LLC should not conflict with  
LLAMA PROPERTIES, LLC (L05000047926)  
as the ~~Entity~~ name has been amended to  
LLAMA MANAGEMENT SERVICES, LLC

Document Number: W20000062344  
Entity Name: LLAMA PROPERTIES LLC  
Tracking Number: 800346315338  
Pin Number: 5338

We received your online transmitted document. However, the document has not been filed for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file. L05000047926  
NAME HS LLAMA PROPERTIES, LLC

To make the necessary corrections to your filing, return to our website at [www.sunbiz.org](http://www.sunbiz.org) <<http://www.sunbiz.org>> and select the filing type you are wanting to correct under the 'Filing Services' menu and click on the 'File or Correct' button.

Then enter your tracking number and pin number in correction box on the right hand side of the screen. Both of these numbers are listed in the top portion of this email. Next, simply click on "update filing" to access the document you previously submitted to our office.

Please disregard this letter if you have contacted our office and were advised how to correct your document online.

This filing will be considered abandoned in 60 days, if no response is received.

If you have any questions concerning your filing please call 850-245-6052.

Argolda Brown  
Regulatory Specialist II  
New Filing Section

Letter Number: 200619072846-800346315338

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TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Llama Properties LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:9714 Magnolia View Ct, Apt 402  
Riverview, Florida 33578

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

United States Corporation Agents, Inc.

Name

5575 S. Semoran Blvd. Suite 36Florida street address (P.O. Box **NOT** acceptable)OrlandoFlorida32822

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.

CM

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:AMBR

Jennifer J Starner  
9714 Magnolia View Ct, Apt 402  
Riverview, Florida 33578

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(Use attachment if necessary)

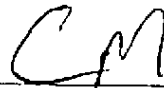
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Cheyenne Moseley, Legalzoom.com, Inc.

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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