L24000235970

(Requestor's Name)
(Address)
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(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Division of Corp			
SUBJECT:A	I Inclusive Propert	Management 115	
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please return all correspond	dence concerning this matte	r to the following:	
	<u>D</u>	Name of Person	
	Au	Firm/Company A	lang munt IK
		Partit Company	
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		Address	
	(West	City/State and Zip Code	14
	,	City/State and Zip Code	
	E-mail address:	Sch Capital manyamt 6	Mation) (cm
For further information con		•	,
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Name of P	erson	at (813) 312 - 13 Area Code Daytim	CL2
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Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address	
Registration Sec		Street Address: Registration Sec	etion
Division of Corp P.O. Box 6327	porations	Division of Con	porations
Tallahassee, FL	32314	The Centre of T	allahassee Street, Suite 810
,		Tallahassee, FL	

July 16, 2024

DONALD WELSCH 5124 SPECTACULAR BID DR. WESLEY CHAPEL, FL 33544

SUBJECT: ALL INCLUSIVE PROPERTY MANAGEMENT LLC

Ref. Number: L24000235970

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

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 124A00015478

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· ED

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ALL INCLUSIVE PRO	OPERTY MANAGEMENT LLC
(Name of the Limited Liability	y Company as it now appears on our records.)
(A FIORIDA	V Company as it now appears on our records.) Limited Liability Company) TALLAHASSEE. FLORIDA
The Articles of Organization for this Limited Liability Co	ompany were filed on 5/21/24 and assigned
Florida document number <u>L24cc623 y 57c</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR.	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the new register
agent and/or the new registered office address here:	
	$A \rightarrow A \rightarrow$
Name of New Registered Agent:	Howley Welley Via greiant
New Registered Office Address:	Ashley Welsch Vice President 5124 Speckacular Oid On Enter Florida street address
	Will Chap , Florida 33544 Zip Code
	City 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>	Address	Type of Action
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If an effective date Note: If the dat	if other than t is listed, the date r e inserted in this ctive date on the	must be specific block does no	and cannot be pot meet the ap	plicable stati	filing or more attory filing re	han 90 days afti	t ional) er filing.) Po ils date wi	arsuant to Il not be	605.020 listed a
e record specifierd is filed.	s a delayed effec	tive date, but	not an effectiv	ve time, at 12	2:01 a.m. on t	ne earlier of: ((b) The 9	0th day a	after the
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Filing Fee: \$25.00