## L08000071938

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## **COVER LETTER**

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Enclosed is a check for the f  \$25.00 Filing Fee	ollowing amount:  ☐ \$30.00 Filing Fee &  Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy is cr	itus &	
Name of Pe	erson	at ( <u>305</u> ) <u>73/-/</u> Area Code Daytime	e Telephone Number		
manshall M	10014170	1305 × 731-1	801		
For further information conc	erning this matter, please ca	all:		1 57	
-	E-mail address: (	ARShalle 9 MAIC. to be used for future annual report notifi	ication)	<u></u>	3 (************************************
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	Prousecome	REAL ESTATE	65040116		
	MANCHALI	MonTA(TO) Name of Person			
	11.	144 T. (T.)			
Please return all corresponde	ence concerning this matter	to the following:			
The enclosed Articles of Arr	nendment and fee(s) are sub-	mitted for filing.			
SUBJECT: Usogre	SSIVE KELLE Name of Lim	STATE Group L	.LC		
•					
TO: Registration Section Division of Corporation			₽.		

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

**Division of Corporations** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Progressive Real (Name of the Limited Liability Com (A Florida Limited	ESTATE Gro- pany as it now appears on our ILiability Company)	records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 0800071938</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
MARShall LAWrence MonTAL The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20 20
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		200 - 100 mg 10
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ല്ലാന് ഗ്ര ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter 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 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

	V ,,
Effective date, if other than the date of filing:	(optional)
the date this document is filed by the Horida Department of State) 1	_ (optional) 90 days after
the date this discurrent is filed by the Horida Department of States <sup>1</sup> Dated 07-29-2014	90 days after (optional)
·	

Filing Fee: \$25.00

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