

L09000102633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

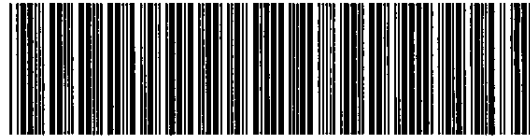
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000272143370

04/28/15--01006--003 **25.00

FILED
15 APR 28 PM 3:38
STATE
TALLAHASSEE

CRM
5-6-15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROPERTY MANAGEMENT ADVISORS, LLC
Name of Limited Liability Company

FILED
15 APR 28 PM 3:38
STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORETT ESPINOZA

Name of Person

PROPERTY INVESTMENT ADVISORS GROUP, LLC

Firm/Company

20815 NE 16 AVE., SUITE B-15

Address

MIAMI, FL 33179

City/State and Zip Code

piooffers@piagroupusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorett Espinoza

Name of Person

305

at ()

Area Code

770-4440 ext. 104

Daytime Telephone Number

Enclosed is a check for the 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PROPERTY MANAGEMENT ADVISORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 APR 28 PM 3:38
TALLAHASSEE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/23/2009 and assigned
Florida document number L09000102633

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 end with 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

_____, 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JIMMY LEVY	20815 NE 16 AVE., SUITE B-15	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
MGR	JIMMY LEVY	20815 NE 16 AVE., SUITE B-15	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ARTICLE V OF THE ARTICLES OF ORGANIZATION IS AMENDED TO READ:

THIS COMPANY IS TO BE MANAGER MANAGED AND THE NAME AND

ADDRESS OF THE CURRENT MANAGER IS :

JIMMY LEVY

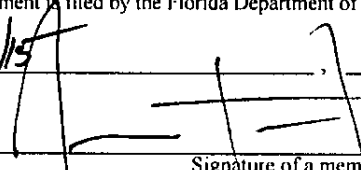
20815 NE 16 AVE., SUITE B-15, Miami, FL 33179

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

4/20/15



Signature of a member or authorized representative of a member

JIMMY LEVY, MANAGER

Typed or printed name of signee