122000037674

(Requ	uestor's Name)	
(Adda	ress)	
(Adda	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only





800392776708

00/18/22--01024--021 +*25.00

22 SEP 16 AH 10: 06

COVER LETTER

	Division of Cor		,.		
ann in a		erty Management Group		-	•
SUBJEC	,1:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		James Sanderson			
			Name of Person		
			Firm/Company		
		12016 Matlcha Blvd Suite	В		22 SI
			Address		-
		Matlacha Isles, FL 33991			2) 2)
		jay@blackdiamondfla.com	City/State and Zip Code		22 SEP 16 AM 10: 06
		E-mail address: (to be used for future annual report no	tification)	90
For furth	ter information e	oncerning this matter, please c	all:		
James S	anderson		239 269-5327		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed	d is a check for th	ne following amount:			
≘ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is	atus &
	Mailing Address		Street Address:	agtion	
	Registration S Division of C		Registration S Division of Co		
	P.O. Box 632		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Profit Property Management Group (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/14/2022 and assigned 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 "LLC." 12016 Matlacha Blvd Suite B Enter new principal offices address, if applicable: Matlacha Isles, FL 33991 (Principal office address MUST BE A STREET ADDRESS) 12016 Matlacha Blvd Suite B Enter new mailing address, if applicable: Matlacha Isles, FL 33991 (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

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.

City

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
MGR	Taryn Sanderson	1421 SW 21 Ter	□Add
		Cape Coral, FL 33991	■Remove
AMBR	SFDG, INC.	3618 DEL PRADO BLVD S	■Add
		CAPE CORAL, FL 33904	□Remove
			□Change
AMBR	Black Diamond Real Estate Group,	12016 Matlacha Blvd Suite B	
		Matlacha Isles, FL 33991	GBemove Vistoring Control of Cont
			O. Remove
			□Change
			□Add
			□Remove
			· □ Change
			🗀 Add
			□Remove
			DChange

			 -
	.		
			
		······································	
			22 \$
			₩
			
			# 10: 0
			96 178
<u> </u>			
ective date, if other than t	e date of filing:	(optional)	
	ust be specific and cannot be prior to date of fi block does not meet the applicable statut		
	Department of State's records.		
cord specifies a delayed effects filed.	ive date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The	90th day after th
ed September	6 . 2022		
	1 (5 - +		
	Signature of a member or authorized repre		
	Signature of a meniber or authorized repre	esentative of a member	

Filing Fee: \$25.00