

L05000064330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

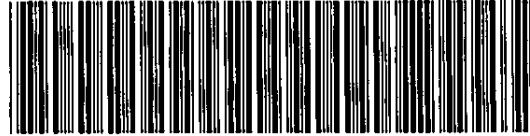
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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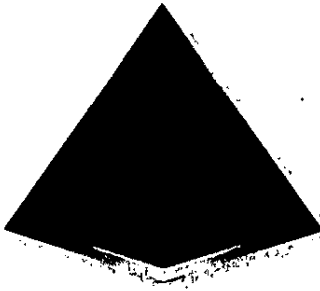
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TALLAHASSEE, FLORIDA
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OCT 02 2016

Y SULIVER



STRATEGIC PROPERTIES GROUP

DEVELOPMENT ♦ INVESTMENTS ♦ MANAGEMENT

October 26, 2016

Registration Section
Division of Corporations
P O Box 6327
Tallahassee FL 32314

RE: Articles of Amendment to Articles of Organization
Strategic Properties Group, LLC L05000064330

Dear Registration Section,

Enclosed please find a completed and signed Articles of Amendment to Articles of Organization of Strategic Properties Group, LLC.

I have also enclosed a check for the \$25.00 filing fee.

Please call me at the number below should you require further information to complete the changes.

Thank you for your assistance in this matter.

Sincerely,


Rozanna Maltbie

Operations Manager

17953 HUNTING BOW CIRCLE, UNIT 102 LUTZ FL 33558

(813) 994-5252 ♦ Fax (866) 995-8090 ♦ www.SPGFL.COM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STRATEGIC PROPERTIES GROUP, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ROZANNA MALTBIE

Name of Person

STRATEGIC PROPERTIES GROUP, LLC

Firm/Company

17953 HUNTING BOW CIRCLE, UNIT 102

Address

LUTZ, FL 33558

City/State and Zip Code

rmaltbie@spgfl.com

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

For further information concerning this matter, please call:

ROZANNA MALTBIE

813 994-5252
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

STRATEGIC PROPERTIES GROUP, LLC

(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 06/28/2005 and assigned
Florida document number L05000064330.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

17953 HUNTING BOW CIRCLE

UNIT 102

LUTZ, FL 33558

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17953 HUNTING BOW CIRCLE

UNIT 102

LUTZ, FL 33558

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:

17953 HUNTING BOW CIRCLE, UNIT 102

Enter Florida street address

LUTZ, FL

City

Florida 33558

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>	<u>Address</u>	<u>Type of Action</u>
MGR	RILEY, STEVEN P	103 UNIVERSITY CIRCLE	<input type="checkbox"/> Add
		ORMOND BEACH, FL 32716	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JACKSON, BARRY R	6006 PRATT STREET	<input type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALAHASSEE FLORIDA
CLERK OF DISTRICT COURT

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TALLAHASSEE, FLORIDA

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.

Dated October 26, 2016

Signature of a member or authorized representative

Steven Riley
ed or printed name of signee