LUS0000 64370

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only

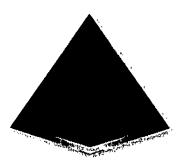


900312040519

04/23/18--01050--002 **25.00







STRATEGIC PROPERTIES GROUP

DEVELOPMENT ◆ INVESTMENTS ◆ MANAGEMENT

April 19, 2018

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

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 in the amount of \$25.00 for filling fee.

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

Thank you,

Rozanna Maltbie

Rozanna Maltbie

Operations Manager

COVER LETTER

	Registration Sec Division of Corp			
	STRATEGI	C PROPERTIES GROUP, LL	.c	
SUBJEC	.1; <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		ROZANNA MALTBIE		
			Name of Person	
		STRATEGIC PROPERTIE	ES GROUP, LLC	
			Firm/Company	· <u></u>
		14851 SR 52, UNIT 107, S	SUITE 440	
			Address	
		HUDSON FL 34669-4061		
			City/State and Zip Code	
		rmaltbie@spgfl.com		
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information co	ncerning this matter, please co	all:	
ROZAN	NA MALTBIE		813 994-5252 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
		-		
■ \$25.0	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

(Name of the Limited Liability Compa (A Florida Limited)	any 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				
Γhis amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the abbreviation "LLC"			
Enter new principal offices address, if applicable:	14851 SR 52, UNIT 107			
(Principal office address MUST BE A STREET ADDRESS)	SUITE 440			
	HUDSON FL 34669-4061			
Enter new mailing address, if applicable:	14851 SR 52, UNIT 107			
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 440			
	HUDSON FL 34669-4061			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:				
Name of New Registered Agent.	PR R			
New Registered Office Address:	Enter Florida street address Florida			
	City Eip 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
MGR	BARRY JACKSON	6006 PRATT STREET	
		TAMPA FL 33647	Remove
			☐ Change
			□ Add
			□ Remove
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
		-	☐ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

	1 ,						-
							-
							_
							_
***************************************						··· ·	=
							-
							-
	· · · · · · · · · · · · · · · · · · ·	<u>. </u>					-
					Āω	2018	-
***************************************				, , ,	ECRE AH		- -
			· · · · · · · · · · · · · · · · · · ·		HASS	APR 23	
 							ָ ו
					<u> </u>	15:	
					DAID.	.r-	_
					•	•	
							-
							-
Effective date, if other t	han the date of filin	a.		(optio	nall		
f an effective date is listed, th	e date must be specific and	d cannot be prior to		than 90 days after	filing.) Purs		
Note: If the date inserted document's effective date			le statutory filing i	equirements, this	date will	not be list	ted as
ne record specifies a The 90th day after			an effective tin	ne, at 12:01 a	.m. on t	he earli	ier of
APRIL 19 Dated		2018					
Jaiou	17.	,	.· 				
		// /\					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00