

LDB000105250

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(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 FEB 27 AM 11:58

✓

2/19/09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXCEPTIONAL 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:

PHILLIS PRITCHARD

(Name of Person)

EXCEPTIONAL PROPERTIES GROUP LLC

(Firm/Company)

14850 TAMiami TRAIL

(Address)

NORTH PORT, FL 34287

(City/State and Zip Code)

For further information concerning this matter, please call:

PHILLIS PRITCHARD

(Name of Person)

at (941) 539-4915

(Area Code & 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

2/19/09

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

RUSS SMITH LLC DBA EXCEPTIONAL PROPERTIES 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 11/10/08 and assigned
Florida document number L08000105250

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EXCEPTIONAL PROPERTIES GROUP LLC

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)

14850 TAMIAMI TRAIL

NORTH PORT, FL 34287

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14850 TAMIAMI TRAILNA

NORTH PORT, FL 34287

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:

PHILLIS PRITCHARD

New Registered Office Address:

14850 TAMIAMI TRAIL

(Enter Florida street address)

NORTH PORT

(City)

Florida 34287

(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 608, 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)

2/19/09

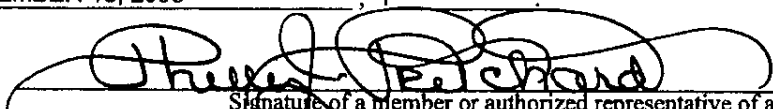
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PHILLIS PRITCHARD	15576 Melport Circle 4231 Whispering Calm North Port, Fl. 34287	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove Delete
Shareholder (member)	Russ Smith	15576 Melport Circle Port Charlotte, Fl. 33981	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove as manager
Shareholder (member)	Evelyn Catron	1445 Creek Nine Drive North Port, Fl. 34291	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove as manager
_____	_____	_____	<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.)

Revised 2/19/09
Dated DECEMBER 15, 2008


Signature of a member or authorized representative of a member
Phillis J. Pritchard
Typed or printed name of signee