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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: R.E.O. Asset Managers, LLC (Name of Limited Liability Company)						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	James O'Donnell					
,		(Name of Person)				
	<u> </u>	(Firm/Company)				
12799 Aston Oaks Drive						
		(Address)				
	Ft. Myers, FL 33912	(City/State and Zip Code)				
For further information of	concerning this matter, please c	eall:				
James O'Donnell		at (239 ₎ 362-3130				
(Name	of Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for t	he 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		STREET/COURIER Registration Section	ADDRESS:			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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 Compar	ny as it now appears on our records.)		
(A Florida Limited L	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 12/16/08 and assigned		
Florida document number L08000114263			
	TALLES SECTION OF THE PROPERTY		
This amendment is submitted to amend the following:			
	22		
A. If amending name, enter the new name of the limited liab	oility company here:		
Community Management Group, LLC			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviatio		
Enter new principal offices address, if applicable:	12799 Aston Oaks Dr.		
(Principal office address MUST BE A STREET ADDRESS)	Ft. Myers, FL 33912		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
munic duniess mat DEATOST OFFICE DOA			
B. If amending the registered agent and/or registered of	ffice 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:	(Total Florida street 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 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 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>	Name	Address	Type of Action
MGRM	Stephanie O'Donnell	12799 Aston Oaks Dr. Et. Myers, FL 33912	Add Remove
			Add Remove
			T Add
			Remove
			Add Add
			Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter	change(s) here: (Attach additional sheets, if necess	arv.)
		S -(0) 1200 (2)	
_			
_			
Dated			
	AON		
		nember or authorized representative of a member	
	James O'Donnell	Typed or printed name of signee	· · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00