

LD8000117869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

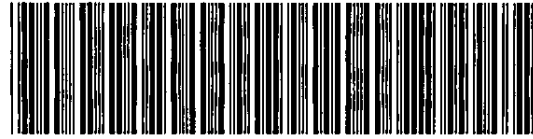
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600256248466

02/03/14--01020--008 **25.00

FILED
2014 FEB -3 PM 12:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 04 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D&M Property Management, 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:

David Harwood

Name of Person

D&M Property Management, LLC

Firm/Company

401 S. Florida Ave., Suite 207

Address

Tampa, FL 33602

City/State and Zip Code

dharwood@liberty-pm.com

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

For further information concerning this matter, please call:

David Harwood

Name of Person

at **813 443-5160**

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 FEB -3 PM 12:36

FILED

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

D&M Property Management, 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 12/31/2008 and assigned Florida document number L08000117869.

This amendment is submitted to amend the following:

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

THE HARWOOD 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)

Enter new mailing address, if applicable:

(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** _____

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 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

FILED
2014 FEB -3 PM 3:36
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	David Abbate	401 S. Florida Ave.	<input type="checkbox"/> Add
		Suite 206	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33602	
MGR	Charles Medalie	401 S. Florida Ave.	<input checked="" type="checkbox"/> Add
		Suite 207	<input type="checkbox"/> Remove
		Tampa, FL 33602	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 FEB 3 PM 12:35
 FILED
 CLERK OF STATE
 TALLAHASSEE FL 32311

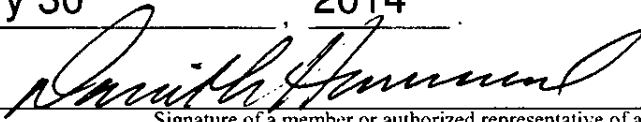
FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 30, 2014



Signature of a member or authorized representative of a member

David Harwood

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
2014 FEB -3 PM 12:36
CLERK TARY OF STATE
TALLAHASSEE FL 32304