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O9 AUG 21 PM 12: 11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Callera AUG 2 4 2000

COVER LETTER

Division of Corporations					
SUBJECT: T	he Vanguard Prope	rty Management Group	, LLC		
		ited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspo	ondence concerning this matter	r to the following:			
		Michael Mincberg			
		Name of Person			
	The Vanguard	Property Management Gro	oup, LLC		
•		Firm/Company			
	1205 N. Franklin St. #100				
,		Address			
		Tampa, FL 33602			
City/State and Zip Code					
Michael@Vanguard-Real-Estate.com E-mail address: (to be used for future annual report notification)					
		•	rication)		
For further information of	concerning this matter, please of	call:			
Michael Mincberg			495-6491		
Name o	of Person	Area Code & Daytim	e Telephone 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION AUG 21 PM 12: 11 OF SECRETARY OF STATE FALLAHASSEE FLORIDA

The Vanguard Property Management 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	04/30/2009	_ and assigned	
Florida document numberL0-00041922			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	1205 N. Fran	nklin St. #100	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 3	3602	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on <u>e</u> :	our records, enter th	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Cit	, Florida	7: 0.1
	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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action <u>Title</u> <u>Name</u> **Address MGRM** Michael Mincberg 701 S. Howard Ave. #106-148 ✓ Add Remove Tampa FL 33606 Add ☐ Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Michael Mincberg Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00