

L09 000060453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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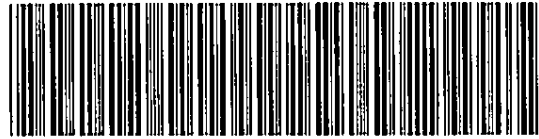
(Business Entity Name)

(Document Number)

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2020 JUN -3 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 04 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIRACLE 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:

KAREN R. HEARN  
Name of Person

MIRACLE PROPERTY MANAGEMENT  
Firm/Company

205 N. COLLIER BLVD.  
Address

MARCO ISLAND, FL 34145  
City/State and Zip Code

KAREN@MPM-FL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN HEARN at ( 239 ) 207-4574  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                            |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MIRACLE 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 6/22/2009

Florida document number 409000060453

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

205 No. COLLIER BLVD. Suite 236  
MARCO ISLAND, FL 34145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

205 No. COLLIER BLVD. Suite 236  
MARCO ISLAND, FL 34145

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:

KAREN R. HEARN

New Registered Office Address:

205 No. COLLIER BLVD. Suite 236

Enter Florida street address

MARCO ISLAND, Florida 34145

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.*

Karen R. Hearn  
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHARLES J. FOHLBROOK	205 NO. COLLIER BLVD.	<input type="checkbox"/> Add
		SUITE 236	<input checked="" type="checkbox"/> Remove
		MARCO ISLAND, FL 34145	<input type="checkbox"/> Change
MGRM	RICHARD A. HEARN	205 NO. COLLIER BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 236	<input type="checkbox"/> Remove
		MARCO ISLAND, FL 34145	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 JAN -3 AM 10:00  
 SECRETARY OF STATE  
 WILLAHASSEE FLORIDA

2020 JUN -3 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 JUN -3 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 6/1 / 2020

\_\_\_\_\_ 2020  
*Karen R. Jean*  
 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

KAREN R. HEARN

Typed or printed name of signee

**Filing Fee: \$25.00**