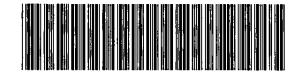
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SECRETARY OF STATE
TALLAHASSEE PHOSIES

COVER LETTER

TO: Registration Section
Division of Corporations

Property Management & Operations Int. 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:

Elizabeth A. Downes
Name of Person
PMO Realty
Firm/Company
851 N. Donnelly Street
Address
Mount Dora, Florida 32757
City/State and Zip Code
elizabeth@pmorealty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth A. Downes

₄,352,223-9326

Name of Person

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

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION 2014 HAY -2 PM 12: 39

SECNETART OF STATE TALLAHASSEE, FLORIDA

Property Management & Operations Int. 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 Liab Florida document number 111000091506	oility Company	were filed on <u>08/09/2</u>	011	_ and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		•
The new name must be distinguishable and end with the we	ords "Limited Liabi	ility Company," the designat	tion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applical	ole:	851 N Donnelly S	Street	
(Principal office address MUST BE A STREET	ADDRESS)	Mount Dora, Flori	ida 32757	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	851 N Donnelly Street Mount Dora, Florida 32757		
B. If amending the registered agent and/or registered agent and/or the new registered offi	~		records, enter th	e name of the new
Name of New Registered Agent:	Elizabeth A	. Downes	· · ·	
New Registered Office Address:	851 N Donn			
	Married Davis	Enter Florida stree		5 7
	Mount Dora	l City	, Florida <u>327</u>	51 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.

f Changing Registered Agent, Signature of New Registered Agent

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 Title Name **Address** Type of Action Gerard P. Downes 811 Liberty Avenue □ Add Mount Dora, Florida 32757 ■ Remove Charles W. Rucker 2026 Bayside Avenue □ Add Mount Dora, Florida 32757 811 Liberty Avenue Elizabeth A. Downes 🗎 Add Mount Dora, Florida 32757 ☐ Add □ Add □ Remove

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Filing Fee: \$25.00