

**4100097155**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : SMALL BUSINESS RESOURCES USA, INC.  
Account Number : I20040000173  
Phone : (407)298-4646  
Fax Number : (407)297-0588

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LAKELAND PROPERTY GROUP, LLC**

Certificate of Status	1
Certified Copy	0
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BUREAU OF COMMERCIAL  
INFORMATION SERVICES

APR 13 2015  
J. BRUCE

FAX AUDIT # H150000 887423  
COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lakeland Property Group, 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:

James K. Duerr, CPA  
Name of Person  
Small Business Resources USA, Inc.  
Firm/Company  
1601 Park Center Drive, Ste. 6A  
Address  
Orlando, FL32835  
City/State and Zip Code  
Jimd@sbrorlando.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

James K. Duerr, CPA  
Name of Person at (407) 298-4646  
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

FAX AUDIT # H150000 887423

FAX AUDIT # H 150000887423  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Lakeland Property 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 were filed on August 24, 2011 and assigned Florida document number L11000097155

This amendment is submitted to amend the following:

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

Y & R Property 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)

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STATE OF FLORIDA  
TALLAHASSEE

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

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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

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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DATE 11/17/2011 BY 60322/UC/STP

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

Four horizontal lines for amending information.

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 April 7, 2015



Handwritten signature of Robert Schellenberg

Signature of a member or authorized representative of a member

Robert Schellenberg, MGRM

Typed or printed name of signee

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