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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

FEB 12 2015
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONGOR 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:

MICHELE M HOOVER CPA

Name of Person

ALEXANDER & HOOVER CPAS, PA.

Firm/Company

6361 PRESIDENTIAL COURT SUITE A

Address

FORT MYERS, FL 33919

City/State and Zip Code

MHOOVER@ALEXANDERHOOVERCPAS.COM

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

For further information concerning this matter, please call:

MICHELE M HOOVER CPA

Name of Person

at (239) 481-4114

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	EDWARD C GORRY	5428 BRANDY CIR E, FT MYERS FL 33919	Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

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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 1/30/15, _____



Signature of a member or authorized representative of a member

ROBIN GORRY

Typed or printed name of signee

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Filing Fee: \$25.00

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