LIMUJ42855

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TEU 1 2 2015 D. BRUCE

COVER LETTER

Division of Corp					
SUBJECT: CONGC	OR PROPERTY GROUP LI	_C			
	Name of Limit	ed Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspon	ndence concerning this matter t	o the following:			
	MICHELE M HOO	VER CPA			
		Name of Person			
	ALEXANDER & H	OOVER CPAS, PA.			
	-	Firm/Company			
	6361 PRESIDENT	IAL COURT SUITE A			
		Address		2011 FAL:	
	EODT MVEDS EI	22040		2015 FEB -3 SFORCIARN FALLAHASS	
	FORT MYERS, FL	City/State and Zip Code		55 6	
	MHOOVER@ALE	XANDERHOOVERCPAS.COM	1	111	
		be used for future annual report notific		20F	
For further information co	oncerning this matter, please ca	II:		PH 1:23 OF STATE E FLORIDA	20-
MICHELE M HOO	VER CPA	at (239) 481-4114			
Name of	Person		Telephone Number		
Enclosed is a check for the	e 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 Certificate Certified Co (additional co)	of Status &	
MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONGOR PROPERTY GROUP LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document numberL11000142855	were filed on DECE	EMBER 21, 2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the desig	nation "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:		OSFEB-3
(Mailing address MAY BE A POST OFFICE BOX)		नि दू गि
		S _ terms
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our <u>e</u> :	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	•	, , , , , , , , , , , , , , , , , , , ,

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
AMBR	EDWARD C GORRY	5428 BRANDY CIR E, FT MYERS FL 33919	Add
			Remove
			Add
			Remove
			Add
			Remove
		2015 FEB -3	
			PROFESSION 23
			Add
			_ Remove
			Add
			_ Remove

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
E. Effective	date, if other than the date of filing: (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date th	is document is filed by the Florida Department of State)
Dated	1/30/15
	pagam
	Signature of a member or authorized representative of a member
	ROBIN GÖRRY
	Typed or printed name of signee

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Filing Fee: \$25.00

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