L/200001536

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600322849156

01/22/19--01004--023 **25.00

SCORETARY OF STATE OF AN ASSET FI GRID!

JAN 2 9 2019

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: Pa	rtners Property Name of Lim	Group LLC ited Liability Company	 جے
	s of Amendment and fee(s) are sub espondence concerning this matter	-	TALLAHASSEE, PAL
	Michael	Ampuja Name of Person	- Charles I
	Partner	s Property Grou	PLLC
	615 Citr	US AVE Address	
		FL 32765 City/State and Zip Code A @ gmail- Com to be used for future annual report notif	ication)
For further information	on concerning this matter, please c		
Micha	el Ampija me of Person	at (<u>407</u>) <u>413-14</u> Area Code Daytime	+73 : Telephone Number
Enclosed is a check f	or the following amount:		
\$25,00 Filing Fee	e \$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)
MZ	AILING ADDRESS:	STREET/COURI	ER 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

	perty Gr	oup LLC		40 B	₹ [™]
(<u>Name of the Limited Lid</u> (A Flo	bility Company as onda Lunited Liabil	it now appears on out ity Company)	ur records.)	15 C. O. O.	
The Articles of Organization for this Limited Liability	y Company wen	filed onO/_	04/2012	and assigned	دِهُ '
Florida document number L12000081536	<u>o</u>			The state of the s	
This amendment is submitted to amend the following	g :				
A. If amending name, enter the new name of the li	limited liability	company here:			
The new name must be distinguishable and contain the words "I	Limited Liability C	ompany," the designa	tion "LLC" or the abbr	eviation "L.L.C."	-
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET AD	DRESS)				_
·					_
Enter new mailing address, if applicable:			·		_
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u></u>			_
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	_	address on our	records, enter th	<u>ie name of the i</u>	<u>new</u>
Name of New Registered Agent:	<u> </u>				_
New Registered Office Address:	<u> </u>				_
		Enter Florida sti	reet address	_	
		/*	, Florida	Zip Code	_
New Registered Agent's Signature, if changing Registe		City		лр Соие	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	ent and agree to d complete perf d agent as provi tered office add	ormance of my d ded for in Chapt	luties, and I am far er 605, F.S. Or, if	miliar with and this document is	
	if Changing	Registered Agent, S	ianh Porti	stered Agent	
	v cusukuk	registered Agent, 3	ight <u>von</u>	BUTCH ARCHI	

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>	Address	Type of Action
AMBR	Penni Ampija	615 Citrus Ave, Oriedo,	92765 P 147Add
			□ Remove
			Change
			□ Remove
			Change
			Remove
	~ ··		Change
			□ Remove
			Change
			🗆 Add
			🗆 Remove
			☐ Change
			☐ Remove
			□ Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
-	
_	
_	
_	
_	
_	
_	
_	
-	
-	
ın effe ote:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited .	1-18-19
	Signature of a member or authorized representative of a member
	Signature of a member or anihorized restriction of a member

Page 3 of 3

Filing Fee: \$25.00