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B. BOSTICKOCT 18 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: RESID		Y MANAGEMENT GROUted Liability Company	IP, LLC
	Amendment and fee(s) are sub		
		Name of Person	
	т.	TARA WARRINGTON	
	111 N M	Firm/Company MAGNOLIA AVENUE #1600	
	111111	Address	
	ORLANDO, FL 32801 City/State and Zip Code		12 OCT 17 SUGREASS
	PENGLET E-mail address: (t	T@RESIDENTIALPMG.COM o be used for future annual report notification	take a second to
	concerning this matter, please c		最小。
	WARRINGTON of Person	at (407) 513-19 Area Code & Daytime Te	lephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	;		4 DDDDGG
	LING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESIDENTIAL PROPERTY MANAGEMENT GROUP, LLC. (Name of the Limited Liability Company as it now appears on our records.)

(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 Cor	mpany were filed on	08/20/2012	and assigned
Florida document numberL12000107003	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company her	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compa	iny," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:		TALL	5. 2
(Principal office address MUST BE A STREET ADDRE	ESS)		a Sam
Enter new mailing address, if applicable:		ر ب د	AN DEPOS
(Mailing address MAY BE A POST OFFICE BOX)			in on
B. If amending the registered agent and/or registered agent and/or the new registered office address. Name of New Registered Agent: New Registered Office Address:	ess here:	our records, <u>enter t</u>	
	, 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title **Address Type of Action** <u>Name</u> MGR MATTHEW ENGLETT 111 N. MAGNOLIA AVENUE #1600 ✓ Add Remove ORLANDO, FL 32801 ☐ Add Remove ☐ Add _ Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 9 Dated

> Typed or printed name of signo Page 2 of 2

> > Filing Fee: \$25.00