L13000124848

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_· Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500254899695

01/21/14--01021--018 **25.00

ZECREJARY OF STATE

JAN 2 7 2013 **T. HAMPTON**

COVER LETTER

TO: Registration Section Division of Corpor	rations
SUBJECT:O	rlay Properties, LLC Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	William Regan Name of Resson
	Firm/Company
	2788 Wood Stork trl Address
	Orange Park FL 32073 City/State and Zip Code NVac. regan @ amail. Com E-mail address: (to be used for future annual report notification)
-	E-mail address: (to be used for future ahnual report notification)
For further information conc	erning this matter, please call:
William Name of Pe	Regan at (904) 428 3699 Area Code Daytime Telephone Number
Enclosed is a check for the fe	ollowing amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O	F	2011 SE
Corlay Properties	1	CAHASS
(A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number	ny as it now appears on our records.) Liability Company) were filed on 9/4/13	Y OF STATE
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Amcor Management The new name must be distinguishable and end with the words "Limited Liab	Group, LLC oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2788 Wood	
(Principal office address MUST BE A STREET ADDRESS)	Orange Pa	32073
Enter new mailing address, if applicable:	2788 Wood	Stork fri
(Mailing address MAY BE A POST OFFICE BOX)	Orange Parl	52073
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Clayborn E. Jones	3030 Piedmont Manor	□ Add
	•	Orange Park FL 32065	Remove
MGR	Amaran F. Regan	2788 Wood Stork trl Orange Park FL 32073	Add□ Remove
			Add
			□ Remove
		SECRE ASSE	Add Remove
		E CONTRACTOR OF THE CONTRACTOR	Remove

 	
•	
ve date, if other than the date of filing:	(optional)
ive date, if other than the date of filing: ective date must be specific, cannot be prior to date of receipt or filed on this document is filed by the Florida Department of State)	(optional) ate and cannot be more than 90 days after
ive date, if other than the date of filing: ective date must be specific, cannot be prior to date of receipt or filed of this document is filed by the Florida Department of State)	(optional) ate and cannot be more than 90 days after
ive date, if other than the date of filing: extive date must be specific, cannot be prior to date of receipt or filed of this document is filed by the Florida Department of State)	(optional) ate and cannot be more than 90 days after
ive date, if other than the date of filing: cetive date must be specific, cannot be prior to date of receipt or filed of this document is filed by the Florida Department of State)	(optional) ate and cannot be more than 90 days after
ive date, if other than the date of filing: ective date must be specific, cannot be prior to date of receipt or filed of this document is filed by the Florida Department of State)	(optional) ate and cannot be more than 90 days after
e this document is filed by the Florida Department of State)	
e this document is filed by the Florida Department of State) Signature of a number or authorize	I representative of a member
e this document is filed by the Florida Department of State)	i representative of a member

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JAN 21 AM 8: 44
SECRETARY OF STATE