

L 14000103957

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

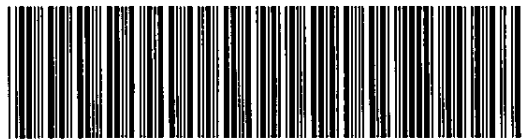
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE PROPERTY MANAGER GUYS, 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:

JANE BOND  
Name of Person  
THE PROPERTY MANAGER GUYS, LLC  
Firm/Company  
PO BOX 300468  
Address  
CASSELBERRY, FL 32707  
City/State and Zip Code  
GREG.BOND7@ME.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANE BOND at 407 252-9658  
Name of Person 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

FILED  
2014 JUN 11 PM 12:00  
TALLAHASSEE, FLORIDA  
CLERK OF COURT

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

THE PROPERTY MANGER GUYS, LLC

(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 Company were filed on 6/30/2014 and assigned  
Florida document number L14000103957

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE PROPERTY MANAGER GUYS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

97 HICKORY TREE RD

LONGWOOD, FL 32750

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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 Changing Registered Agent, Signature of New Registered Agent

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HILLSBOROUGH COUNTY  
FLORIDA

2014 JUL 11 PM 12:00

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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>
MGR	J. SCOTT BANTA	97 HICKORY TREE RD LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	JOHN S. BANTA	1101 DOUGLAS AVE, SUITE B ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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

7/9/14



Signature of a member or authorized representative of a member

GREG BOND

Typed or printed name of signee

FILED  
2014 JUL 11 PM 12:00  
TALLAHASSEE FL 90001  
CLERK OF CIRCUIT COURT