L14000 181003

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Property Partners of Lakeland 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: |
| Robins Noel Name of Person Real Estate Superstore Firm/Company |
| 235 W Brandon Blvd StE#211 Address |
| Brandon FL 33511 City/State and Zip Code Urnoel 1906 @ gmail - com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, placed call: |
| Robins Nort arms of Person at (305) 798-3425 57. 75 Name of Person Area Code Daytime Telephone: Number of Person |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| (Name of the Limited Liability Compa (A Florida Limited I | of Lakeland LLC ny as it now appears on our records.) Liability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L14000181003</u> . | were filed on $11/2\sqrt{2014}$ 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 contain the words "Limited Liabil | ity Company," the designation "L.l.C" or the abbreviation "L.l.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 211 Lake Region Blud S Winter Haven, Fl 33881 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 235 W Brandon Blud Suite 211 Brandon, Fl 33511 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | |
| Name of New Registered Agent: Robin | s Noel SSI 2 In |
| New Registered Office Address: 235 | W Brandon Blvd 5-5te DD Enter Florida street address |
| Brand | Florida 33511 Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | City Zip Code |

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

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> Address **Type of Action** Name MGRM Robins Noel 235 West Brandon Blud WAdd Suite 211 Brandon Fl 33511 045 Finance Solutions, LC 5337 N. Sarum Loop Rd MGR Lakeland, Fl 33809 ☐ Change Bond For Oped Management, LLC PO Box 7713 - Add MGR Lakeland Florida 33807 □ Refiov ☐ Add _□ Remove _□ Change □ Add □ Remove ☐ Change

| | NA | | | | | |
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| an eff <u>fote:</u> | ve date, if other than the date of filing: | | | g.) Pursu | | |
| | ord specifies a delayed effective date, but not 90th day after the record is filed. | an effective time, at | 12:01 a.m | . on th | e earlier o | f: |
| | ~ [-] | | | | | |
| ated | 0/30/17 | _· | | | | |
| | | | | | | |
| | Signature of a member or author | ized representative of a memb | er | | | |
| | Orginature of a member of author | Mar m | | | | |

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Filing Fee: \$25.00