P. 001

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE I PROPERTY MANAGEMENT GROUP LLC

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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE I PROPERTY MANAGEMENT GROUP LLC		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now annears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/30/2015 and assign	c d
Florida document number 115000212930		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable:		<u>_</u>
(Principal office address MUST BE A STREET ADDRESS)		
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	## #	
Enter new mailing address, if applicable:	AS: 1	· .
Mailing address MAY BE A POST OFFICE BOX)		-
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	2 ?	:
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enser Florida street address	
	, 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 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

P. 003

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>	Name	Address	Type of Action
AMBR	LORENA BRENZOBAS	6850 CORAL WAY STE #205	
		MIAMI, FL 33155	■ Remove
			☐ Change
			Add
			Remove
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ffective date, if other than the	date of filings		(ant	ional)		
an effective date, if other than the date must lote: If the date inserted in this blo	be specific and cannot be prick does not meet the ann	ior to date of filing or a	nore than 90 days after no requirements, th	r filing.) Pr is date wil	irsuant to Il not be	605.026 listed &
ocument's effective date on the De	partment of State's recor	ds.				
e record specifies a delayed The 90th day after the reco	effective date, but ord is filed.	not an effective	time, at 12:01	a.m. on	the e	arlier (
MARCH 21	2016					
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	Signature of a member or au	thorized representative	of a member	HILLERY.		_

Page 3 of 3

Filing Fee: \$25.00