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TALLAHASSEE, FLORIDA

S Warren

SEP 07 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: O'Grady Property Group, 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:

Christopher D Drew

Name of Person

Firm/Company

2211 Ashley Oaks Cir

Address

Wesley Chapel, FL 33544

City/State and Zip Code

drewfinancial@yahoo.co

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher D Drew

813 4541269
at () _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

O'Grady Property Group, 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 06/15/16 and assigned
Florida document number L16000116128.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Christopher D Drew	2211 Ashley Oaks Cir	<input type="checkbox"/> Add
		Wesley Chapel, FL 33544	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	The Drew Family Living Trust 09/15/12	2211 Ashley Oaks Cir	<input checked="" type="checkbox"/> Add
		Wesley Chapel, FL 33544	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	The O'Grady Family Living Trust 07/11/14	2211 Ashley Oaks Cir	<input checked="" type="checkbox"/> Add
		Wesley Chapel, FL 33544	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	The Piniella Family Living Trust 04/21/15	2211 Ashley Oaks Cir	<input checked="" type="checkbox"/> Add
		Wesley Chapel, FL 33544	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are some faint, small black marks that appear to be ink smudges or scanning artifacts. The rest of the page is completely blank.

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 30th, 2016



Signature of a member or authorized representative of a member

Christopher D. Drew

Typed or printed name of signee

2016-02-06 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100-443887-100