L17000105534

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S. WARREN 'JUN 2 0 2017

COVER LETTER

Division of Co	rporations		
OTTO TO COM	operty Management, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Job White		
		Name of Person	
	Reddish and White CPAs		
		Firm Company	 _
	140 SW 128th St STE H		
		Address	
	Newberry, FL 32669		
		City/State and Zip Code	
	jobe@reddishandwhite.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Job White		at () 284-1527 Area Code Daytime	
Name (f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

Vibrant Property Management, LI			
(Name of the Lim	nited Liability Company as i (A Florida Limited Liabilit	t now appears on our records y Company)	_)
The Articles of Organization for this Limited Florida document number L17000105534	Liability Company were	filed on 05/11/2017	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office a	address on our records,	enter the name of the new
			19 日
Name of New Registered Agent:	Stetz Holdings, LLC		<u> </u>
New Registered Office Address:	1409 NW 6th St, STE	120 Enter Florida street address	
	Gainesville		
		Flor	rida 32601

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

Page 1 of 3

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
MGR	Stetz, LLC	1409 NW 6th ST	
		STE 120	■ Remove
		Gainesville, FL 32601	F (2)
MGR	Stetz Holdings, LLC	1409 NW 6th St	Add
		STE 120	
		Gainesville, FL 32601	
			_
			Change
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		Typed or printed name of signee	20 20

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Filing Fee: \$25.00