



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

Phone

: (845)425-0077

Fax Number : (845)818-3588

Enter the email address for this business 'entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DELAND PROPERTY MANAGEMENT 2 LLC

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DeLand Property Management 2 LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it noy: appears on our red d Liability Co.; (Apy)	(Abro.
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/09/2017	and assigned
Florida document number L17000208063		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ibility 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)	· · · · · · · · · · · · · · · · · · ·	
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Enter new mailing address, if applicable:	,	
Mailing address MAY BE A POST OFFICE BOX)		
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Name of New Registered Agent:	ere:	ords, enter the name of the he
registered agent and/or the new registered office address h		ords, enter the name of the he
	ere:	ords, enter the name of the he

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 forms 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

Title	Name	Address	Type of Action
MGR	Helmut Herzog	1881 79TH CAUSEWAY	□ Add
******		NODEL DAY IN THE OWNER.	U A(()
		NORTH BAY VILLAGE: FL	■ Remove
		33141	□ Change
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	ord specifies a delayed effective date, but not an 90th day after the record is filed.	effective time, at 12:01 a.m.	on the earlier of:
Dated_	Pebruary	0	
	1/ M	X	
	Signature of a member or authorized	samesantoines of a mamba	

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Filing Fee: \$25.00