

L17000245640

(Requestor's Name)

(Address)

(Address)

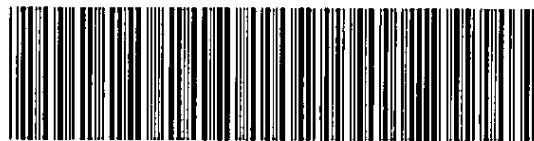
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



900306392819

12/09/17--01014--023 **25.00

Special Instructions to Filing Officer:
Called customer to confirm
name change from 239 Pro
Management, to ~~239~~ Pro Management
Realty LLC
JF 12/11/17

Office Use Only

FILED
17 DEC -9 AM 1:15
STATE
FALLSBORO, VERMONT

J. LEGGETT
DEC 11 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 239 Pro Management 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:

Cossett Garcia

Name of Person

239 Pro Management LLC

Firm/Company

1222 SE 47TH ST

Address

CAPE CORAL, FL 33904

City/State and Zip Code

cossettgarcia@gmail.com

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

For further information concerning this matter, please call:

Cossett Garcia

239 333-7125
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
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**

239 Pro Management Realty

(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 11/10/2017 and assigned Florida document number L17000245640.

This amendment is submitted to amend the following:

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

239 Pro Management Realty LLC

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:

13180 N. Cleveland Ave Ste 5

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, FL 33903

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
17 DEC -9 AM 1:11
TALLAHASSEE FL 32309

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:

Cossett Garcia

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	Nancy Nunez		<input type="checkbox"/> Add
		1210 SE 14th Terr, CC, FL 33990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

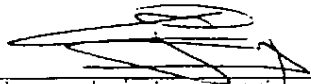
17 DEC -9 AM 11:16
STATE OF FLORIDA
TALLAHASSEE

FILED

E. Effective date, if other than the date of filing: 12/01/2017 (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 12/01, 2017



Signature of a member or authorized representative of a member

Cossett Garcia

Typed or printed name of signee