117000257364

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
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то:	Registration Se Division of Cor			
SUBJE		L MANAGEMENT GROUP	LLC	
SUDJE	.c	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
Michae	el Fayard, Esquire		941 3061310	
	Name o	f Person	at () Area Code Daytimo	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$2 :	5.00 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, Ft. 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

ONE WALL MANAGEMENT GROUP LI		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records, da Limited Liability Company)	1
The Articles of Organization for this Limited Liability Florida document number L17000257364	Company were filed on 12/18/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	<u>PRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	istand office address on our records	enter the name of the new
registered agent and/or the new registered office add		F 22 C
Name of New Registered Agent:		14.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1.6 1
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	City	rida 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>	Type of Action
MGR	Brad Miller	1050 SHILO ROAD	₽ Add
		SARASOTA, FL 34240	□ Remove
			Change
			Add
			Remove
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(II' an effectiv Note: II' th	ate, if other than the date of filing: date is listed, the date must be specific and cannot date inserted in this block does not meet the effective date on the Department of State's	he applicable statutory fill		l) ig.) Pursua		
	specifies a delayed effective date, n day after the record is filed.	but not an effective	time, at 12:01 a.m	. on the	e earli	ier
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Dated	Huli 18/	· ·				
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Filing Fee: \$25.00