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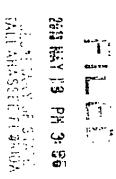
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COVER LETTER

	ion Section of Corporations
Luxu	ry Property Group of Marco. LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fec(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Brandi Milbourn
	Name of Person
	Firm/Company
	73 Tahiti Rd
	Addiess
	Marco Island, FL 34145
	City/State and Zip Code BRANDI @ L'PES WELVEIDA Com E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
Brandi Milbourn	239 778-6550 at () Same of Person Area Code Daytime Telephone Number
ì	Same of Person Area Code Daytime Telephone Number
Enclosed is a chec	for the following amount:
\$25.00 Filing	Fee D \$30.00 Filing Fee & D \$55.00 Filing Fee & D \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	y GROUP or MARCO, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our rec la Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 05/07/2018	and assigned
Florida document number <u>L18 000 111524</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Luxury Property Group of SW FLORIDA, LLC		
The new name must be distinguishable and contain the words "Lir	nited Elability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · - · - · - · · · - · - · - · - ·	
(Principal office address MUST BE A STREET ADD	RESS)	
		- 2
Enter new mailing address, if applicable:		The state of the s
(Mailing address MAY BE A POST OFFICE BOX)	·	95 (
		Co (m)
B. If amending the registered agent and/or regi		rds, enter the name of the new
registered agent and/or the new registered office add	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
The management of the fitter o	Enter Florida street ad	dress
		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>	Name	Address	Type of Action
			🗆 Add
			□ Remove
			☐ Change
			Remove
			Change
			D Add
			□ Remove
			Change
			☐ Remove
			Change
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			Change
			□ OAdd [7]
			Change Change
			□ Change

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Note: If the date locument's effect locument is effect locument is effect locument.	inserted in this block does trive date on the Departmer	ive date, but not an effective t	g requirements, this date will h	iot be fisted a
Dated MAY	14	, 2018	4	
	Signapar	e of a member or authorized representative	of a member	254
Rran	di Milbourn			5
		Typed or printed name of signee		<u> </u>
			الم الم	PH
				ar i

Filing Fee: \$25.00