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COVER LETTER

TO: Registration S Division of Co				
	operty Management LLC	·	•	
SUBJECT:	Name of Lim	ited Liability Company		_
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Roger B Grover Jr			
		Name of Person	ame of Person C irm/Company pite 200 Address tate and Zip Code d for future annual report notification) The code of the	
	RBGJ Property Manager	ment LLC		
		Firm/Company		
	890 North Boundary Ave	enue, Suite 200		
		Address		
	DeLand, FL 32720			
	Rbgj56@gmail.com	City/State and Zip Code		_
	=======================================	to be used for future annual i	report notification)	-
For further information	concerning this matter, please ca	all:		
Roger Grover		386 738	3-3456	
Name	of Person		Daytime Telephone Numb	per
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 encl	Certifi losed) Certifi	cate of Status & ed Copy
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registrati Division o Clifton B	on Section of Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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assigned
"L.L.C."
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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
PRES/CEO	Roger B Grover Jr	910 Clifton Rd, DeLeon Springs FL 32130	= Add
			□ Remove
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Effective date, if other than fan effective date is listed, the dat	the date of filing	g:		(0	ptional)	
f an effective date is listed, the dat Note: If the date inserted in the	e must be specific and tis block does not n	l cannot be prior to neet the applicab	date of filing or le statutory fili	more than 90 days : ng requirements,	after filing.) Pursuant this date will not l	to 605.0207 be listed as
document's effective date on t	he Department of S	tate's records.				
ne record specifies a dela	aved effective o	late but not	an effective	time at 12:0	II a m on the	andiar o
The 90th day after the			an enective	time, at 12.0	a.m. on the	earner or
Dated		2018				
			. •	ve of a member		
Kor	, KY KIND	n Per Pa				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00