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SELACIANT OF STATE TALLAHASSEE, FLORIDA

JUN 2 1 2022 S. PRATHER

COVER LETTER

William SUBJECT:	s Property Management Group, L				
3000ECT	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	LaTonya Williams				
		Name of Person			
	Williams Property Manage	ement Group, LLC			
		Firm/Company			
	3301 E Comanche Ave				
		Address			
	Tampa, FL 33610				
		City/State and Zip Code	·····		
	tonya@williamspmg.com				
	E-mail address: (to be used for future annual report notif	fication)		
For further informatio	n concerning this matter, please ca	all:			
LaTonya Williams		813 728-3017			
Nam	e of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check fo	r the following amount:		,		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Williams Property Management Group, LLC		EL APR
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	PR 2
The Articles of Organization for this Limited Liability Compar Florida document number 1.21000317345 This amendment is submitted to amend the following:	ny were filed on <u>07/12/2021</u>	LED 29 M 2: 51 29 SSEE FLORIDA
A. If amending name, enter the new name of the limited lia	ability company here:	
Williams PM Group, LLC	 	
The new name must be distinguishable and contain the words "Limited Lia	thility Company," the designation "I.I.C" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5401 W. Kenn Ste. 100	edy-Blvd.
Enter new mailing address, if applicable:	1ampa,+1.33	009
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the r</u>	name of the new registere
Name of New Registered Agent:		
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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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