L22000327643

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2/2/23 VW

COVER LETTER

ECT:	Name of Lim	ited Liability Company	
nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
e return all correspo	ndence concerning this matter	to the following:	
	MATTHEW JANTOS		
		Name of Person	
	PROVINCE PROPERTY	GROUP LLC	
		Firm/Company	
	8971 BAYTOWNE LOOP		
		Address	
	FORT MYERS, FL 33908		
		City/State and Zip Code	
	MATT@PROVINCEPROP		
		to be used for future annual report notific	cation)
further information co	oncerning this matter, please ca	ıll:	
TTHEW JANTOS		609 6101307	
Name of	Person	Area Code Daytime	Telephone Number
losed is a check for th	e 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 enclose
Mailing Address Registration S		Street Address: Registration Sect	

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

Registration Section

TO:

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

PROVINCE PROPERTY MANAGEMENT LLC

(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 Compar	ny were filed on 7/25/2022	and assigned
Florida document number L22000327643		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
PROVINCE PROPERTY GROUP LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2022 SEC
Enter new mailing address, if applicable:		FA 5 TI
(Mailing address MAY BE A POST OFFICE BOX)		
		. SS
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, g	enter the name of the new registered
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 Agen	<u>it:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duti s provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
If Ch	nanging Registered Agent, <u>Sign</u> :	ature 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
			□Add
			□Remove
			[]Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			🗖 Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
If an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	NOVEMBER 7 2022 .
	Signature of a member or authorized representative of a member

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