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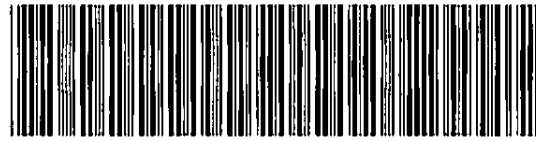
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2023 MAY 31 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY 31 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Patterson Management Group, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charise Bell
Name of Person

Patterson Management Group
Firm/Company

1530 N Davis Street
Address

Jacksonville, FL 32209
City/State and Zip Code

pattersonmanagement13@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charise Bell at (904) 309-3015
Name of Person Area Code Daytime Telephone Number

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 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, 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**

FILED
2023 MAY 31 AM 11:39
SECRETARY OF
TALLAHASSEE

Patterson Management Group, 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 Company were filed on February 27, 2023 and assigned Florida document number L23000104895.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Anthonee Patterson	1544 West 25th Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32209	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gloria Weaver	423 West 7th Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32206	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kenneth Patterson	5913 Norvale Court	<input checked="" type="checkbox"/> Add
		Orlando, FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mashal Patterson	1584 West 12th Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32209	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	George Patterson, II	67 Reagan Drive	<input checked="" type="checkbox"/> Add
		Ephrata, PA 17522	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Roland Patterson	1610 West 31st Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32209	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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>	<u>Type of Action</u>
MGR	Charise Bell	3728 Birchmere Court	<input type="checkbox"/> Add
		Owings Mills, MD 21117	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Angela Hughes	1584 West 12th Street	<input type="checkbox"/> Add
		Jacksonville, FL 32209	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jerral Patterson	147 West 7th Street	<input type="checkbox"/> Add
		Jacksonville, FL 32206	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Anecia Wells	2480 Country Club Blvd	<input type="checkbox"/> Add
		Orange Park, FL 32073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Kevin Patterson	7614 Theisswood Road	<input checked="" type="checkbox"/> Add
		Spring, TX 77379	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Add FEI/EIN Number: 92-2798167

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 21

2023

Handwritten signature of Angela Hughes

Signature of a member or authorized representative of a member

Angela Hughes

Typed or printed name of signee