## 6361974

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**COVER LETTER** 

## TO: Registration Section Division of Corporations

Decatur Management Company

SUBJECT: \_

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Battista

Name of Person

Decatur Management Company

Firm/Company

1908 Pinetree Lane

Address

Belleair Bluffs, FL. 33770

City/State and Zip Code

jb@decatur-group.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Battista \_\_\_\_\_\_ 757 \_\_\_\_\_ 803-3263 \_\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_Area Code \_\_\_\_\_\_ Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 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 <u>Street Address:</u> 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

Decatur Management Company, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Tability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>P22000080364</u> This amendment is submitted to amend the following:	were filed on <u>10/20/2022</u>	and assigned
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Decatur Management Group, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbi	eviation <u>"</u> L.L.C."
Enter new principal offices address, if applicable:	600 Cleveland Street, Suite 284	
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL. 33755	
Enter new mailing address, if applicable:	600 Cleveland Street, Suite 284	
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, FL. 33755	· •
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B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	address on our records, <u>enter the name</u>	of the new registered

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		_, 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. Thereby confirm that the limited liability company has been notified in writing of this 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>	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
			Change
			DPPV□
			□Chinge
	. <u> </u>		DAdd
			□Change
			🗆 Add
			Change
			□Add
			🗆 Remove
			Change
			🗆 Add
		<u> </u>	
			Change



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

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	e date of filing: <u>17 April 20</u> st be specific and cannot be prior	23	(	

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.

	Signature of another of authorized representative	of a member
James Battista		

Typed or printed name of signee

Filing Fee: \$25.00

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