P1700043108

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Property Operation	s Management Specialties,	Inc.
DOCUMENT NUMI	P1700004310	3	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Jennifer DeHart		
		Name of Contact Person	n
	Property Operations Manager	ment Specialties, Inc.	
		Firm/ Company	
	224 SE Hernando Ave		
		Address	
	Lake City, Florida 32025		
		City/ State and Zip Cod	e
ienni	ferdehart@mgmtspecialties.co	m	
<u></u>	-	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	344-6911
Nama	of Contact Person	at (Area Co) de & Daytime Telephone Number
	r the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fec & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	cling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301

Articles of Amendment

to Articles of Incorporation of

17 JULI 15 TH 10: 37

	of state of the st
Property Operations Manag	gement Specialties, Inc. 1997
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P170000)43108
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
A/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>555:</u>
Name of New Registered Agent	
(Florida s	street address)
W 2 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Florida
New Registered Office Address: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(City) , Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	<u>II:</u> r with and accept the obligations of the position.
······································	
NIA	Registered Agent, if changing
Signature of New	negisierea Ageni, ij changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	S	_	Pat Trippe	224 SE Hernando Ave
X Add				Lake City, Florida 32025
Remove				
2) Change	<u> </u>	_		
Add				
Remove				
3) Change	<u></u>	-		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		-
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
NA	
NIN	
····	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
١١٦	

	June 1, 2017	
The date of each amendment		, if other than the
date this document was signed		
Effective date if applicable:	June 1, 2017	
Effective date if applicable.	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
	this block does not meet the applicable statutory filing requirements, this date no Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
byN A	"	
· /	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder	
Signature B	y a dijector, president or other officer – if directors or officers have not been leeted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Jennifer DeHart	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	