L12000124396

	(Requestor's	Name)	
	(Address)		
	(Address)		
	(City/State/Zip	o/Phone #)	
PICK-U	P 🗌 W	AIT	MAIL
	(Business En	tity Name)	
*	(Document N	umber)	
Certified Copies	Cer	tificates of	Status
Special Instruction	s to Filing Offic	er:	
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COVER LETTER

Division of	n Section Corporations		
NETTO TO COM	roups LLC		
, obsect	Name of Lim	ited Liability Company	
	s of Amendment and fee(s) are sub-	-	
Please return all corre	spondence concerning this matter	to the following:	
	David Ingram		
		Name of Person	
	AltosGroups LLC		
		Firm/Company	Daytime Telephone Number 2 9946 Daytime Telephone Number 2 \$60.00 Filing Fee, Certificate of Status &
2256 Firestone Place			
	AltosGroups LLC Firm/Company		
	Winter Haven FL 33884		
		•	
or further informatio	•	•	ication)
David Ingram		954 952 9946 at ()	
Nan	ne of Person	Area Code Daytime	e Telephone Number
Enclosed is a check fo	or 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AltosGroups LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 09/28/2012	and assigned
Florida document numberL12000124396		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		, <u> </u>
		ä.
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		ې
intuining unuress mail BETTTOST OFFICE BOTH		
B. If amending the registered agent and/or registered		the name of the nev
registered agent and/or the new registered office address h	ere:	
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>	Address	Type of Action
MGR	David Ingram	2256 Firestone Place	□ Add
		Winter Haven FL 33884	Remove
			□ Change
MGR	Altos Foundation	2256 Firestone Place	= Add
		Winter Haven FL 33884	□ Remove
			Change
AMBR	Nickill Plated LLC	1626 Ringling Blvd.	
		Suite 400	□-Remove
		Sarasota FL 34236	□ Change
MGR	Gerald Nichols	5150 Central Sarasota Parkway	□ Add-
		Suite 106	☐ Remove
		Sarasota FL 34238	Change
MGR	Lidia M. Ingram	2256 Firestone Place	= Add
		Winter Haven FL 33884	□ Remove
			☐ Change
	Lidia M. Ingram		Add
			□ Remove
			□ Change

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Effective da	ate, if other than the	e date of filing	St.	to data of filing a		otional)	omt to 605 03
Note: If the	date is fiscul, the date in date inserted in this leffective date on the	block does not m	neet the applica				
	specifies a delayon day after the re		ate, but no	t an effective	time, at 12:0	1 a.m. on th	e earlier (
	11		2017				
Dated May				•			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00