L21000324263

(Re	equestor's Name)		
(Ac	idress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
(Bı	usiness Entity Name		
(Dc	ocument Number)		
Certified Copies	Certificates of	f Status	
Special Instructions to Filing Officer:			





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COVER LETTER

TO:

Registration Section

' Division of Co	rporations			
The Amazo	on Group LLC			
SUBJECT:				
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Michael Krammer			
		Name of Person		
	The Amazon Group LLC			
		Firm/Company		-
	10555 Buttonwood Lake L	Prive		
		Address	 	-
	Boca Raton, FL 33498			2022 NOV -7 PH 4: 3
		City/State and Zip Code		行道 意
	Michael.krammer1@gmail.			一顿上旬
		to be used for future annual report note	fication)	P.
	concerning this matter, please c			1901 F
Michael Krammer		954 494-2333		
Name o	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Fi	dina Raa
= 32,500 r ming rec	Certificate of Status	Certified Copy radditional copy is enclosed)	Certifica Certified	te of Status & Copy
			(adutional	copy is enclosed)
Mailing Addre	<u>ss:</u>	Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee,		2415 N. Monro		10
				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Amazon 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 _____ and assigned Florida document number _____1.21000324263 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

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jeffrey Krammer		
		SOE LAS OLAS BEND, API 3703 FORT LAUDERDALE, PL 3301	□Add
			■Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the effective date is listed, the date muse: 1 If the date inserted in this blument's effective date on the Decord specifies a delayed effective.	st be specific an ock does not t epartment of \$	d cannot be prior meet the applic State's records.	ible statutory fi	ling requirements.	after filing.) Pursu , this date will no	ot be listed
filed.	e ance out no	can circuite ti	ne, iii 12.00 d.i	n, on the eather 0	r. (0) - THC 20th	day unce ti
November I		2022				
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