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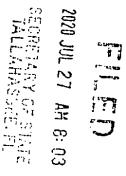
(Requestor's Name)					
(Address)					
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D. BRUCE SEP 15 2020

COVER LETTER

Divi	sion of Corp	orations						
SUBJECT:	THE EFCA	GROUP, LLC						
Solone I.	Name of Limited Liability Company							
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.					
Please return	all correspon	dence concerning this matter	to the following:					
		E	EMERSON B. BROWN, S	SR.				
		W. J. 2 11	Name of Person					
		т	HE EFCA GROUP, LLC					
			Firm/Company					
			1431 NW 138TH STRE	EET				
			Address					
			MIAMI, FLORIDA 3316	7				
			City/State and Zip Code					
e	merson	-biamsn.com						
	_		to be used for future annual	report notification)				
For further in	formation co	ncerning this matter, please c	all:			¥8	2020	
Emerson B.	Brown, Sr.		786 512 at ()	2-6347			2020 JUL 27	
	Name of I	Person	Area Code	Daytime Telepho	ne Number		. 27	A SECTION OF THE PERSON OF THE
Enclosed is a	check for the	following amount:			-		χ̈́	J
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Certificate of Certified Cop (additional copy	; Fee, C f Status & py		

TO:

Registration Section

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

	THE EFCA GR	OUP, LLC	
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	ny as it now appears on our records,) Liability Company)	
The Articles of Organization for this Limited L Florida document number 1.03000029866	iability Company	were filed on August 13, 2003	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" o	
Enter new principal offices address, if applic	able:	N/A	2020 THE
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A	27 AH G: 03
B. If amending the registered agent and/or is agent and/or the new registered office addre	-4.*	address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:	10/7		
New Registered Office Address:	N/A	Enter Florida street address	
	N/A	Flori	ida ^{N/A}
	·	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
D	Jimmie Allen	1431 NW 138th Street	
		Miami, Florida 33167	= Remove
D	Francisco Auberto Soto	1431 NW 138th Street	□Add
		Miami, Florida 33167	≡ Remove
			Change
			□Add
			200 e SER Rembre AR B: 03
			□ Remove
			
			Remove
			□ Change
			□Add
			□Remove
			□Change