

LD4000064864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100210071161

07/18/11--01005--007 \*\*25.00

FILED

11 JUL 18 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUL 19 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DESTINY GROUP, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ERIK VIERA**

Name of Person

**DESTINY GROUP, LLC**

Firm/Company

**96 WHITE HALL DR**

Address

**PALM COAST / FLORIDA / 32164**

City/State and Zip Code

**VIERAOUTDOORS@BELLSOUTH.NET**

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

For further information concerning this matter, please call:

**ERIK VIERA**

Name of Person

at ( 386 )

**503 - 1433**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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

**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**

**DESTINY GROUP, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
**11 JUL 18 AM 11:03**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on AUGUST 31, 2004 and assigned Florida document number L04000064864.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

N/A

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:**

N/A

**New Registered Office Address:**

N/A

*Enter Florida street address*

N/A

Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GERARDO ALFARO	P.O. BOX 353847 PALM COAST FL 32135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VICTOR GIMENEZ	P.O. BOX 353847 PALM COAST FL 32135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

FILED  
 11 JUL 18 AM 11:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated JULY 14, 2011

  
 Signature of a member or authorized representative of a member

ERIK VIERA

Typed or printed name of signee