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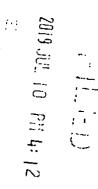
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: 46	39 Group	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Usha	Narine of Person	? /-
		Firm/Company	
	11714 4	+1 ⁵⁺ C+ N	
	West Pall	m Beach, Fl.	33411
	Narinea E-mail address: (1	M Beach, Fl. City/State and Zip Code Act @ 9mail. Co to be used for future annual report notific	cation)
For further information co	ncerning this matter inlease ca	all,	
Usha Nancof	rinedal Person	at (541) 662 -/ Area Code Daytime	1464 0) 54 785-600 Telephone Number
Enclosed is a check for the	e 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)
Registra	NG ADDRESS: tion Section of Corporations x 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

429 Group LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	and assigned
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 desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2019
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5 F
	*: 2
B. If amending the registered agent and/or registered office address on o registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida	our records, enter the name of the no
	, 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Usha Navinedat	11714 HIST C+N	DX Add
9		West Palm Beach.	Remove
		Florida 33411	Change
Mar	Monica Quigley	11714 41ST C+N Mest Palm Beach,	🗆 Add
3		Mest Palm Beach,	Remove
		Fl. 33411	Change
			🗆 Add
			Remove
			Change
			□ Add
		<u></u>	Remove
			Change
		<u> </u>	Add
			Remove
			Change
			Remove
			🗆 Change

(If an e <u>Note</u> :	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	June 5th 2019.
	Julie 541 2019. Oldfice Danine Cat Signature of a member or authorized representative of a member
	Usha Navincalate Typed or printed name of signers

Page 3 of 3

Filing Fee: \$25.00