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K.SALY EXAMMER DEC 15 2015

COVER LETTER

TO: Registration Se Division of Cor	norations		
SUBJECT: Lone	awood Office	Group, LLC.	
SUBJECT:	Name of Lim	Group, LLC. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	indence concerning this matter	to the following:	
	_ Holly	David Name of Person	
	/	Name of Person	
		P. 70	
		Firm/Company	
	362 W	Ioldunn Circle	
	Lake	Mary FL 37 City/State and Zip Code VID & Bellsouth	2746
	L 0 1 -	City/State and Zip Code	ne+
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Hally	Dovid	1157 7117	1127
Name o	f Person	at (<u>407</u>) <u>342</u> -	Telephone Number
		·	•
Enclosed is a check for the	ne following amount:		
	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
,	Certificate of Status	Certified Copy (additional copy is enclosed)	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

F	IL.ED
$^{\circ}$ $^{\circ}$ $^{\circ}$	1 1
ALLAHEJAH	PM 1:02
"MSSK	E.FLORES

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

(Name of the Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/3/2006 and assigned

Florida document number L0600066925

This amendment is submitted to amend the following:

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

L070006 Office Group, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 = N $AMBR = A$	Aanager Authorized Member		r/LED
<u>Title</u>	<u>Name</u>	Address	2015 OEC 11 PM 1: Type of Action PALLAHASSEE FI TRIPY Remove
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Filing Fee: \$25.00