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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	he GA Gro	oup Ltd. Co.		
SUBJECT: _		Name of Limi	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		Joseph S Cooper		
			Name of Person	
		The GA Group Ltd. Co.		
			Firm/Company	
		111 Orange Ave #309		
			Address	
		Fort Pierce FL 34950		
			City/State and Zip Code SE 202	
	com ACRE SE	7		
For further info	ormation c	E-mail address: () oncerning this matter, please ca	all:	
Joseph Cooper	г		772 626-9791 770 at ()	۲
	Name o	Person	Area Code Daytime Telephone Number	
Enclosed is a c	check for th	ne following amount:		
■ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ing Addres		Street Address: Registration Section	
Divi	sion of C	orporations	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Citt	Chroup LtD	(3.
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
	Title Committee and the second	and I C' as the abbandation "I I C"
The new name must be distinguishable and contain the words "Limited	Liability Company," the designatio	n "LLC" or the appreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	7 3 SE 17
		> = = = = = = = = = = = = = = = = = = =
		HASSE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		75 ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±
		m 9
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	<u> </u>	, 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Latoya Cooper	111 Orange Ave #309	
		Fort Pierce FL 34950	□Remove
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			Remove
		<u>-</u>	□Change
			□Add
			Remove
			□ Add □ Add □ PRemove
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Tective date, if other than the date of filing in effective date is listed, the date must be specific and te: If the date inserted in this block does not mument's effective date on the Department of S	cannot be prior to neet the applicat	o date of filing or ole statutory fili	more than 90 days	optional) after filing.) , this date	Pursuant will not	t to 605.02 be fisted
ecord specifies a delayed effective date, but not is filed.	an effective tim	ne, at 12:01 a.m	on the earlier o	f: (b) The	e 90th da	ay after th
September 10	2023	_ ·				
	4		e of a member			