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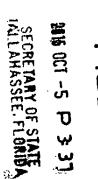
(Re	equestor's Name)	
(Ac	ddress)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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8 MASON

F64 G50-418-8040

DPBR,

This Letter Is to Serve Notice that Michael Kane 8K6263316 terminating his status as broker of record for Definitive Group LLC.

8390 Champions Gate FL 33896

Thanks 0

Mike Kane

\$25.00 chock
To follow by
mail.

Chk 7020



COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	Definitive G	roup LLC		
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspor	ndence concerning this matter	to the following:	
		Mike Sauer		
			Name of Person	A second
		Definitive Group LLC		
			Firm/Company	
		8390 Champions Gate #30	0	
			Address	,
		Champions Gate FL 33896	,	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	ation)
For furt	ther information co	ncerning this matter, please ca	ail:	
m	ichael Sa		407 574-2612 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:	·	
\$25	5.00 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

: }

	Or,		#
DEFINITIVE GROUP LLC (Name of the Limite	d Liability Company as it now app A Florida Limited Liability Compan	SECRETAL AHASS	
The Articles of Organization for this Limited Lia Florida document number 107000	85313	ASIONES SESTIONES	And assisted.
This amendment is submitted to amend the follo A. If amending name, enter the new name of		here:	<u>-</u>
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," th	ne designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		

Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	OX)		•
B. If amending the registered agent and/or registered agent and/or the new registered off		on our records, enter t	he name of the new
Name of New Registered Agent:	Carey N	Sauer	
New Registered Office Address:	8390 Cmm	Pins Gak Parida street address	Slyd Suit 300
	Champions Go	le Florida	33896 Zip Code
New Registered Agent's Signature, if changing R	egistered 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.

CAREY NSAUER

If Chauging Registered Agent, Signature of New Registered Agent

BK 3 2 4 2971

Page 1 of 3

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

Title	Name	Address	Type of Action
MGR	Michael J. Kare	8390 Champiers Gate BLVD	D Add
		Champons GATE, FL 3389L	Remove
m6R	Cosey N. Saver	8390 Champions Gata BUD	
		Suite 300	□ Remove
		Champons Gate, FL 3389	∠ Change
			O Add
			D Remove
			_D Change
			Add
			Remove
			_ Change
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ocument's effective e record specifie	ter the record is file	of a momber or authorized represent	ative of a member	SECRETAR

Filing Fee: \$25.00



KEN LAWSON, SECRETARY Florida Departme

Florida Departme Business Professional Regulation

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF REAL ESTATE

THE BROKER HEREINISILIGENSED UNDER THE PROVISIONS OF GHAPTER 475, FLORIDA STATUTES

SAMER CAREY N

8390 CHAMRIONS GATE BLVD SUITE 300.

LIGENSE NUMBER BK3262971

EXPIRATION DATE MARCH 31, 2017

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