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D. BRUCE
AUG 1 2 2010

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Management 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:
Anthony Fplice Name of Person
Wild FP (; u + PrNo, P.A.) Firm/Company
101 N. Pine Is and RD # 201 Address
City/State and Zip Code Aprice Quant plan con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Feli (r at 954 944 - 21557) Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

,		
(Name of the Limited Liability Compa (A Florida Limited	ement 60	records.)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on OcT	23, 2009 and assigned
Florida document number <u>L09000 / 03005</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
. Same		
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the d	esignation "LLE" or the abbreviation
Enter new principal offices address, if applicable:	SAME	केंद्र के स
(Principal office address MUST BE A STREET ADDRESS)		
		79 3 70
		52 5
Enter new mailing address, if applicable:	Same	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	ffice address on our recor	ds, enter the name of the new
registered agent and/or the new registered office address her		
Name of New Registered Agent:	nthony F	r Island RD #201
New Registered Office Address:	N. Pin	p Is lund RD #201 a street address
Plan	tation	a street address Florida 33324 Zip Code
	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 **T**itle Name 1 **Address** Type of Action MGRM TRIPPI, Jeunen 3526 Whitehall Dr Humadd

WPG+ Polm Brack, FC Remove

33401

MGRAN Behrend, Dunne 416 Andover Blud NE Add

Thum Lake, MN 55304

MGRAN Behrend, Oale 8605 Olive RD Add

Tremove

57. Juzeph, MN 56374

MGRAN MGRA MGR Terrell, Jeunne M. 3526 Whitehall Dr # 101 PAdd

West Pulm Boach, FC 33401

Remove

West Pulm Brach 1=C 33401

Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00