L10000038162

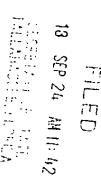
(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



100318472531

09/24/18--01018--006 **25.00



() SIMMAONS SEP 2 / 2018

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		OUP, LLC.		
SOBJEC	.1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
			ELIANA MOLINA	
			Name of Person	
			AMOL GROUP, LLC	
			Firm/Company	
			21252 VIA EDEN	
			Address	-
			BOCA RATON, FL 33433	
			City/State and Zip Code	
		elianamolin E-mail address: (to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	all:	
	ELIAN	A MOLINA	561 405-0110	
Name of Person			Area Code Daytime	Telephone Number
Enclosed	is a check for the	he following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

	AMOL GROUP, LLC.		
(Name of the Limited Li (A F	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabili	ity Company were filed on	04/07/2010	and assigned
Florida document number L10000038162			
This amendment is submitted to amend the followin	g:		
A. If amending name, <u>enter the new name of the</u>	limited liability company h	ere:	15 SE T
he new name must be distinguishable and contain the words	"Limited Liability Company," the c	lesignation "LLC" or the al	obreviation L.L.C."
Enter new principal offices address, if applicable	:		
Principal office address MUST BE A STREET AI	DDRESS)		<u> </u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
3. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter	the name of the
Name of New Registered Agent:		NA MOLINA	
New Registered Office Address:		2 VIA EDEN	
	Enter Flo	rida street address	
	BOCA RATON	Florida	33433
	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>	Address	Type of Action
MGRM	ELIANA MOLINA	21252 VIA EDEN, BOCA RATON, FL 33433	
			□ Remove
			Change
			Add
		 	☐ Remove
			— ☆ □ Change
			SEP Add-
			Rentove
			Sin Dechange
			Add
			Remove
			☐ Change
			Remove
			□ Change
			Add
			□ Remove
			□ Change

, -		<u>-</u>						
								
						•		
					- -			
		<u></u>						
								a ¹
								ت
								43S
							133	2 [:]
								_ <u> </u>
				···			2 () 2 ()	
							3.6	42
		-						
ective da	ate, if other than the date	of filin	/T1	EPTEMBE		(a	ptional)	
effective of	date is listed, the date must be s date inserted in this block of	ecific and	d cannot be	prior to date of	filing or more	than 90 days a	ifter filing.) Pu	irsuant to 605.0
	effective date on the Depart				utory ming re	quitements	ms date wi	Thor be fisted
						,		
	specifies a delayed eff n day after the record			not an ef	fective tim	e, at 12:0	1 a.m. on	the earlier
ed	SEPTEMBER 18		. 2018	· \				
			i	4/				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00