# L100000 82431

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	<del>+</del> #)
PICK-UP	☐ WAIT	MAIL
<b>(B</b> u	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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# **COVER LETTER**

	ation Section of Corpor					
CUDIECT.	The	Ferrer	Grow	o LLC		
SUBJECT:		Nan	ne of Limited	P LLC Liability Company		<del>,</del>
The enclosed Art	ticles of Am	endment and fee(s	) are submit	ted for filing.		
Please return all	corresponde	nce concerning thi	s matter to t	the following:		
		Fran	ik Fe	Lyye(		<u>.                                      </u>
				Name of Person		
		The	Fexye	Croup Firm/Company	LLC	
				Firm/Company		<del>.</del>
		8105	, Nu	33 st Address		
				Address		,
		Do	cal	F1. 3312	2	
			(	F1. 33126 City/State and Zip Code	:	
	_	FFerr	er @	mFm ci. com	1	<u>.                                    </u>
					l report notificati	ion)
For further infor	mation conc	erning this matter,	please call:			
Frank	Fer	rer		at ( 305 )	667 - 4	705
	Name of Pe	rson		Area Code	Daytime Te	lephone Number
Enclosed is a che	eck for the f	ollowing amount:				
□ \$25,00 Filing	g Fee	□ \$30.00 Filing Fo Certificate of \$		□ \$55.00 Filing Fce Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
΄,	Registration of P.O. Box 6	f Corporations	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Registra Division Clifton I 2661 Ex	T/COURIER ation Section of Corporation Building secutive Center see, FL 32301	ns · Circle



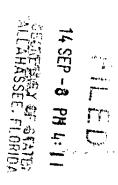
## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2014

Frank Ferrer 8105 NW 33rd St. Doral, FL 33122

SUBJECT: THE FERRER GROUP LLC

Ref. Number: L10000082431



We have received your document for THE FERRER GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation Amendment, but your entity is a LLC Amendment. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Elliott R McCaskill Registration Specialist II

Letter Number: 514A00017705

Please see new form attached:

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Company as it now appears on our records.)
(A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document numberL1000082431	pany were filed on 08/6/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:	S S
(Mailing address MAY BE A POST OFFICE BOX)	
	(n) ( co) (
•	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
registered agent and/or the new registered office address	siere.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marie Ferrer	2421 SW 24 ST	Add
		Miami Fl. 33145	Remove
		<u></u>	Remove
<del></del>			□ Remove
	<u></u>		
			EL Remeve
			SEP - 8
		,	700
, •			Remove
			Add
•			□ Remove

(The e	ctive date, if other than the date of filing: (optional)  ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
Date	d Nobale 18, 2013.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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