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COVER LETTER

TO: Registration Se Division of Cor		ć. Ž	9
SUBJECT:	THE FLOO Name of Lim	L GROUP ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ToD	D FLood Name of Person	
	PERMIT	RESOLUTION Firm Company	SpecTALISTS LLC
	125 N	· ATROVAT RO	1. Suffe 202
	MAPLES #Fah E-mail addless:	City/State and Zip Code EAL+L G Gim L to be used for future annual report notif	ication)
For further information c	concerning this matter, please co		
TODD Name of	FLoad of Person	at (813) 210 - Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
☑ \$25.00 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)
14		C	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	20Up L	LC	
(Name of the Limited Liability Company (A Florida Limited Lia	y <u>as it now appears</u> ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 100009697</u> .9	vere filed on	7/16/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili			
PERMIT RESOLUTION The new name must be distinguishable and contain the words "Limited Liability	y Company," the des	LISTI 64 signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			1
Enter new mailing address, if applicable:		· ·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our red	cords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
		la street address	
	City	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent:			224. 0020
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of n rovided for in Cl	ny duties, and I am J hapter 605, F.S. Or,	familiar with and if this document is

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
			□Remove
			⊡Change
			⊡Add
			□Remove
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			200 ☐ Change 100
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ffective date, if othe	or than the date of	filing		(0	ptional)	
an effective date is listed.	, the date must be specif	ic and cannot be pri		or more than 90 days a	after filing.) Pursuant to 60	
<u>ote:</u> If the date insert ocument's effective da				tling requirements.	this date will not be lis	sted as
	*					
	ved effective date, bu	n not an effective	time, at 12:01 a.	m. on the earlier of	f: (b) The 90th day aft	ier the
record specifies a dela	,					
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l is filed.	12020	 +				
record specifies a delatisfied.	-	of a member or au	1. Flan	Ulive of a member		

Filing Fee: \$25.00