

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000042910 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ţ	Λ	•
	~	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO

Account Number: 076077001702 Phone

; (407)841-1200 ; Tax Number : (407)423-1831

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*\*\*

Email Address	:	 	_	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SEARCH 1X2 GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

FEB 0.5 2019

Electronic Filing Menu

Corporate Filing Menu

1.

Help

2/5/2018

(((H180000429103)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limb	ted Liability Communy as it now angents on our records (A Plorida Limited Liability Company)	<u>.</u>	
The Articles of Organization for this Limited L Florida document numberL12000027796	lability Company were filed on February 27, 2012	2 and assigned	
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company here:		
1X2 GROUP, LLC			
The new name must be distinguishable and contain the v	vards Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applic			
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new maiting address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and	or registered office address on our records,	enter the name of the new	
registered agent and/or the new registered of	<u>Nice address here</u> :	العلماء المستحد المستحد المستحد المستحدد المستحدد المستحدد المستحدد المستحدد المستحدد المستحدد المستحدد المستح المستحدد المستحدد ا	
Name of New Registered Agent:	( p. 1	कें <sup>.</sup>	
New Registered Office Address:	Enter Florido street address	<del>,</del>	
	, Florida		
	City	24p Code	
New Registered Agent's Signature, if changing I	Registured Agent:		
	nd agent and agree to act in this capacity. I furt	ther agree to comply with the	

If Changing Registered Agent, Simuture of New Rechined Agent

Page 1 of 3

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

(((1180000429103)))

45

SEARCH 1X2 GROUP, LLC

company has been notified in writing of this change.

## (((H18000042910 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:

AMBK =	Authorized Member			
Title	<u>Name</u>		<u> Address</u>	Type of Action
		<del></del>		D Add
				□ Remove
				□ Change
				□ Remove
		48		Change
		<del></del>		五次0篇 门
		;		Remove
		<b></b>		Change U
<del></del>		·; '		
				☐ Add
				Change
		Hţs	· · · · · · · · · · · · · · · · · · ·	Change
		į,		☐ Remove
		<del></del>		□ Change

Page 2 of 3

(((H180000429103)))

MGR = Manager

(((H18000042910 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 2018

Dated 2 February , 2018 .

Signature of a member or suthorized representative of a member

Anne V. Stokes, Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

(((H18000042910 3)))