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| (Re | equestor's Name) | | | |
|---|------------------------|-----------------|--|--|
| (Ad | ldress) | , | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | ; #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Ви | isiness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE

APPROVED AND FILED

D. BRUCE

SEP 2 4 2012

EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|-----------------------------------|--|--|--------------------------|--|----------|
| SUBJECT: | | Group LLC | | | |
| | Name of Limi | ted Liability Company | | | |
| | of Amendment and fee(s) are sub pondence concerning this matter | - | | | |
| , | | Joan Fiore Name of Person | | | |
| | | Firm/Company | | 12 SE TAL | |
| | 105 |) South Southlake Dri | ve | SEP CRE | |
| | | Address | | 21 ASSE ASSE | <u>~</u> |
| | h | Hollywood, FL 33019 | | <u> </u> | |
| | E-mail address: (| City/State and Zip Code | nt notification) | STATE OF STA | |
| For further information | concerning this matter, please o | all: | * N W | | |
| | Joan Fiore | at (_954_) | 610-4974 | | |
| Name | e of Person | Area Code & | Daytime Telephone Number | | |
| Enclosed is a check for | r the following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is er | nclosed) Certified | e of Status & | |
| MAI | ILING ADDRESS: | STREET/C | OURIER ADDRESS: | | |

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

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 30 | 38 Group LLC | | | | |
|---|---|-----------------------------|-------------------------|--|--|
| (Name of the Limited Liability (A Florida | ty Company as it now appear Limited Liability Company) | rs on our records.) | | | |
| The Articles of Organization for this Limited Liability Florida document number | , , , | • | and assigned | | |
| This amendment is submitted to amend the following: | | . • | | | |
| A. If amending name, enter the new name of the lin | nited liability company her | <u>'e</u> : . | | | |
| 3038 J | ohnson Group LLC | | | | |
| The new name must be distinguishable and end with the we "L.L.C." | ords "Limited Liability Compa | uny," the designation "L | LC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | | | NE SEC | | |
| (Principal office address MUST BE A STREET ADD | RESS) | | <u> </u> | | |
| | | | FILAR SS | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | <u> </u> | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | ## 6 | | |
| | | | 3* | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad | | our records, <u>enter 1</u> | the name of the new | | |
| Name of New Registered Agent: | - | · | | | |
| New Registered Office Address: | | | | | |
| Enter Florida street address | | | | | |
| | , Florida | | | | |
| | 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:

: 5

MGR = Manager MGRM = Managing Member Title Name <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove □Add Remove □Add Remove ∏Add AGENTALIARY OF STAIL

AREALLAHASSEE, FLORIDA D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 14 2012 Dated _ Signature of a member or authorized representative of a member √oań Fiore Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00