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(Re	questor's Name)	
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2016 AUG 22 P 1: 36



COVER LETTER

Division of Corporations
SUBJECT: The Pride Group 11c. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Clayton Guess Name of Person
The Pride Group IIc. Firm/Company
120 S. Broad St. Address
Bushnell F1 33513
City/State and Zip Code Clay . 9 VESS P. 9 mail . Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter please call:
For further information concerning this matter, please call: Clay to A Guess Name of Person at (352) Area Code Daytime Telephone Numbers Daytime Telephone Numbers
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \) \(\text{Certified Copy (additional copy is enclosed)} \) \(\text{Certified Copy (additional copy is enclosed)} \)

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

Name of the Limited L	Liability Compa Florida Limited	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liabi	lity Company	were filed on <u>02</u>	28/2013	and assigned	
This amendment is submitted to amend the following	ng:			·	
A. If amending name, enter the new name of the	e limited liab	ility company here:			
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	lity Company," the design	nation "LLC" or the abb	reviation "L.L.C."	_ _ _
Enter new mailing address, if applicable:		Samy	ALLAHA	2016 AUG	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		(S)	3 8 5	 I
B. If amending the registered agent and/or registered agent and/or the new registered office	registered o	ffice address on ou e:	r records, enter 1	the mame of the	e new
Name of New Registered Agent:	Sime				
New Registered Office Address:		Enter Florida s	street address		_
_		City	, Florida	Zip Code	
		City		s.p cour	

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 **Type of Action** Title **Address** Name Clapton Guess 120 S. Broad ST XAdd Bushnell Fl 33513 Remove Terren Gray 317 Park Nill XAdd <u>AMB</u>R Bushnell Fl 33517 ___ Remove _□ Change □ Add ☐ Remove ☐ Change ىب DAdd**ف** ☐ Remove □ Change □ Add ☐ Remove

☐ Change

			
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tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date		(optional)	
e: If the date inserted in this block does not meet the applicable st	of filing or more the tatutory filing requ	in 90 days after filing iirements, this date) Pursuant to 60 will not be lis
ument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an	effective time,	at 12:01 a.m.	on the earl
he 90th day after the record is filed.			
ed 8/15/2016 ,/20th.			

Page 3 of 3

Filing Fee: \$25.00