

L13000061339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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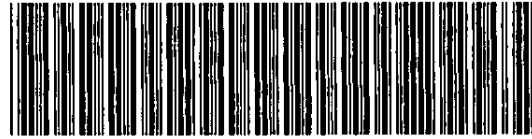
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 10 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nine Eleven Group
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:

Sovanny Morieda
Name of Person

Nine Eleven Group
Firm/Company

17000 Alico Commerce Court STE 107
Address

Fort Myers, FL 33967
City/State and Zip Code

Admin @ nineelevengrp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sovanny Morieda at (239) 565-8272
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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**

Nine Eleven Group LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/26/13 and assigned
Florida document number 113000061339.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TREASURER OF FLORIDA

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 office address here:

Name of New Registered Agent:

Jovanny Morieda

New Registered Office Address:

17000 Alico Commerce Court STE #107
Enter Florida street address

Fort Myers, Florida 33967
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.

Jovanny Morieda
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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeremy RAY	1680 Gulf Coast DR.	<input type="checkbox"/> Add
		NAPLES, FL 34110	<input checked="" type="checkbox"/> Remove
		J. Ray - (Jeremy RAY)	
MGRM	Jovanny Morieda	17000 Alico Commerce Court STE 107	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33967	<input type="checkbox"/> Remove
		J. Morieda - (Jovanny morieda)	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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FILE
Add
Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

: .. JEREMY RAY Is permanently removed from Nine Eleven
Group and no longer assumes ANY liability for Nine Eleven
Group including any and all liability since its creation.

Agreed by: Jeremy Ray: J Ray

Jovanny Morieda: Jy Morieda

Dated Thurs, May 30th, 2015 5:00 PM SR/JM

J Ray

Signature of a member or authorized representative of a member

JEREMY RAY

Jy Morieda

Jovanny Morieda

Typed or printed name of signee

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Filing Fee: \$25.00

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