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(Re	equestor's Name)	
		,
(Ad	dress)	,
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

Name of Limited Liability Company

TO: Registration Section
Division of Corporations

The 44 Group, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Mossucco

Name of Person

The 44 Group, LLC

Firm/Company

1714 Costa del Sol

Address

Boca Raton, Florida 33432

City/State and Zip Code

frank@the44group.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Mossucco

,^{,954} \6188688

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

Certificate of Status & Certified Gpy

(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

The 44 Group, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our reco a Limited Liability Company)	rds.)
`	• •	
The Articles of Organization for this Limited Liability	Company were filed on US/06/2013	and assigned
Florida document number L13000066173	 ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:	
The new name must be distinguishable and end with the w	vords "Limited Liability Company," the desig	nation "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADD	DRESS)	Por G
		<u> </u>
		Co. Lustime
Enter new mailing address, if applicable:		inder in the content
(Mailing address MAY BE A POST OFFICE BOX)		71 73 75
		2022
		- 500 ω
B. If amending the registered agent and/or registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	reet address
	, Flo	orida
	City	Zip Code
		- 4

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michael V Esposito	1714 Costa del Sol	Add
		Boca Raton, FL 33432	Remove
			_
			Add
			Remove
			_ Remove
		ALLA MASSEE.	13 SEP Add
		FLORIDA	Remove
			Add
			Remove
			Add
			Remove

' —	
	
	August 22 / 2013
d	The harmonia
	Signature of a member or authorized representative of a member
	Frank Mossucco
	Typed or printed name of signee

Filing Fee: \$25.00

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