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COVER LETTER

TO:	Registration Se Division of Cor		•			
SHR	MULLER (GROUP, LLC				
501%	JEC1.	Name of Limi	ited Liability Company			
The e	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Pleas	e return all correspo	ndence concerning this matter	to the following:			
		George E. Mueller, JR				
			Name of Person			
		MULLER GROUP, LLC				
		·	Firm/Company			
		400 Columbia Drive, Suite 105				
			Address			
		West Palm Beach, FL 3340	09			
		***************************************	City/State and Zip Code			
		E-mail address: (to be used for future annual report notific	cation)		
For fi	urther information c	oncerning this matter, please ca	all:			
Susai	n Dyer		561 249-3860			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclo	osed is a check for th	ne following amount:				
≡ \$	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

AGULED ODOLED IV O		2	ECR.		
MULLER GROUP, LLC		<u>, </u>	王四		
(Name of the Lim	ited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.	AR SS	_	
	(m -<	2	
The Articles of Organization for this Limited I	Liability Company were filed on 5/13/2015	:	E.F.S	and assigned	
Florida document number L13000070156			TATE ORID,	<u> </u>	
			Dmi P	2 8	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability company here:				
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" o	r the abb	reviation "L.L.C."	
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				_
					_
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	· · · · · · · · · · · · · · · · · · ·				
THE THE TAX COLUMN TO SERVE TH					_
B. If amending the registered agent and	l/or registered office address on our re	cords,	enter t	he name of the	nev
registered agent and/or the new registered of		, •			
Name of New Registered Agent:	George E. Mueller, JR				
New Registered Office Address:					
May hogistated office Address.	Enter Florida street o	ıddress			
		. Flori	da		
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	George J. Mueller, III		
		400 Columbia Dr. WPB, FL 33409	■ Remove
			Change
			Add
			□ Remove
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		must be specific and cannot be prior to date of filing or more than a block does not meet the applicable statutory filing require Department of State's records. yed effective date, but not an effective time, a record is filed. 2015 Signature of a member or authorized representative of a member of a member of authorized representative of a member of					
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ffectiv	e date, if other than the date of filing:		(opti	ional)			
lote: I	the date inserted in this block does not me	et the applicable statutory filing re	than 90 days afte quirements, thi	r filing.) i s date w	Pursuani rill not l	t to 605.020° be listed as	7 (. s tl
ocume	t's effective date on the Department of Sta	ite's records.					
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The 9	Oth day after the record is filed.		o, ut 1				
ated _	eptember 11,	2015				,	
				N 1 17.	2015 0		
	Signature of a mo	ember or authorized representative of	n member	TAR	0007	3	
	George E. Mueller, JR		·		2		
	1	yped or printed name of signee	· · · · · · · · · · · · · · · · · · ·	STATE FLORID	→		
		Page 3 of 3			28		

Filing Fee: \$25.00