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(R	equestor's Name)
(A	address)
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(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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DIVISION OF CORPORTIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Adroit Group LLC 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:
Rose Vinson Name of Person
The Adroit Group LLC Firm/Company
4128 Pate Pond Road
Vernon FL 32462 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shane Vin son at (850) 630 ~ 6111 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$ \$\text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\text{(additional copy is enclosed)}\$\$ \$(additional cop
Enclosed is a check for the following amount: \$\sqrt{\$25.00\ \text{Filing Fee}} \sqrt{\$30.00\ \text{Filing Fee} & Certificate of Status} \sqrt{\$25.00\ \text{Filing Fee} & Certificate of Status} \$25.00\ \text{Filing

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	Liability Company as it now apper	ars on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L130008</u>	oility Company were filed on _	~	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the	designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>
Enter new mailing address, if applicable:			FILET 16 NOV 23 PH DIVISION OF COST
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		3: 03
B. If amending the registered agent and/or registered agent and/or the new registered office	.,	n our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Fator El	orida street address	
	Enter Ple		
	City	, Florida	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>	Name	Address	Type of Action
AMBR	william S. Vinson	4128 Pate Pond Rd	DE Add
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ocument's effectiv	e date on the Departn	nent of State's recor	ds.		
			not an effective t	ime, at 12:01 a	ı.m. on the earlie
The 90th day a	after the record is	s filed.			
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Filing Fee: \$25.00