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SUBJECT: EA	Name of Limit	CENTRAL GROUP red Liability Company	LLC
	ranc or Linit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	SHARON	M. WATSON Name of Person	Sig. No
	REAL ESTA	TE CENTRAL GR	
	P.O.	B.0x 1416 Address	16 PH R
	WINTER K	HAVEN FL 3:	3882
	SHARONWA- E-mail address: (1	TSON @ MINDSPRIO o be used for future annual report notification	NG. Com
For further information cor	ncerning this matter, please ca	all:	
SHARON V Name of I	UATSON Person	at (863 - 334-) Area Code & Daytime Te	(O+) lephone 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)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

' Registration Section
Division of Corporations

TO:

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

	CENTRAL	GROUP,	UC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it not a Limited Liability Co	w appears on our pompany)	records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L 130006 86</u>		ion <u>6/14</u>	1/2013	and assi	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability comp	oany here:			
			AL	201	
The new name must be distinguishable and end with the w'L.L.C."	ords "Limited Liabilit	ry Company," the d	esignation "LPC"	or the a	bbreviation
Enter new principal offices address, if applicable:				9)	P. Same
Principal office address MUST BE A STREET ADI	DRESS)		40-11 12-04-11 12-04-11	THE STATE OF THE S	П
			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	₩ ₩	
			*	€	
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX					
			· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ess on our reco	rds, <u>enter the</u>	name o	f the nev
•					
Name of New Registered Agent:					
New Registered Office Address:	***			···.	· · · · · · · · · · · · · · · · · · ·
		Enter Floria	la street address	ı	
		,	Florida		
	City		2	Zip Code	<i></i>

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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Title **Address Type of Action** <u>Name</u> MGRM RICHARD HEMENWAY 2 TERA LANE Add WINTER HAVEN, Remove 33880 JANELLE PRUITT HIBISCUS DRIVE Add AUBURNDALE, (Remove 33823 Add Remove Remove Add Remove Add Remove

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessar	ıry.)	
-			
-		 	
	7/15 200		
ited	<u></u>		
	Shaw W. Watson		
	Signature of a member or authorized representative of a member		
	SHARON M. WASTSON		
	Typed or printed name of signee		
	Page 3 of 3	2019 JUL SCURELL SCURELLA	يسبت
	Filing Fee: \$25.00	35 7	-
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