## L13000100115

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

RIECT: THREE I 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:

## Pirm/Company 20104 CHEETAH LN. Address ESTERO, FL 33928 City/State and Zip Code

LLARBALLARD@AOL.COM

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

For further information concerning this matter, please call:

LARRY C. BALLARD

.at (239<sub>)</sub>898-1612

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)

□\$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

THREE I GROUP, LLC				
(Name of the Limited Li (A F	ability Company as it now orida Limited Liability Com	appears on our records.)  apany)	<del></del>	
The Articles of Organization for this Limited Liab	oility Company were filed	on 7/15/2013	_ and assig	ned
Florida document number L13000100175	·			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liability compa	<u>nny here</u> :		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability	Company," the designation "LLC	" or the ab	breviation
Enter new principal offices address, if applicab	le:		(	
(Principal office address MUST BE A STREET.	ADDRESS)		<u>ن</u> نازا نازا	
		<u> </u>	<b>E E E</b>	
		r V	15 N	Ë
Enter new mailing address, if applicable:			<u></u>	m
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		SI	0
	_	RID	ATE 5	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ss on our records, enter the	ယ name of	the new
Name of New Registered Agent:			<del></del>	
New Registered Office Address:				
		Enter Florida street address	5	
	City	, Florida	7: C:- 1:-	<del></del>
New Registered Agent's Signature, if changing Reg	City	4	Zip Code	
tew Registeren Agent's Signature, ii changing Reg	istereu 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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	Victor H. Franco Jr	260 27th ST SW	Add
		Naples, FL 34117	Remove
			Remove
			Add
			Remove 25
			F STATE Add  Remove
A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			Add
			Remove

	nter change(s) here: (Attach additional sheets, if necessary.)
September, 18th	2013
licu /	<u> </u>
hamp of	K-
hours of	of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE