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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations 12757 INVESTMENT GROUP LLC SUBJECT: 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: Kimberly Sullivan Name of Person 12757 Investment Group LLC Firm/Company 4521 PGA Blvd Suite 468 Address Palm Beach Gardens, Florida 33418 City/State and Zip Code kimberly@allpointsbm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kimberly Sullivan Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations**

Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12757 Investment Group, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on 7/25/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	on "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	enter the name of the new regis
agent annual the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		, Florida
	City.	, FIOTIUA 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 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>	Address	Type of Action
AMBR	Richard Ryan	4521 PGA Blvd, Suite 468	= Add
		Palm Beach Gardens, Fl 33418	□Remove
			□Change
AMBR	Madison Ryan	4521 PGA Blvd, Suite 468	Add
		Palm Beach Gardens, Fl 33418	□Remove
			🗀 Change
			□Add
			□ Remove
			Change
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			☐ Change
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ective date, if other than effective date is listed, the da te: If the date inserted in the ument's effective date on the	e must be specific at his block does not	nd cannot be prior to meet the applical			ig.) Pursuant to 605.020
cord specifies a delayed ef s filed.	fective date, but no	ot an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ed May 23		2024			
(Mulle)	W		_ · ized representative of		
			inad raprocoptotive of	a	
7. 14	Signature of a	a member or aumor	ized representative or	a member	