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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Document Number)	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			
	Inventure C			
SUBJE	CT:	Name of Limit	ted Liability Company	
		Amendment and fee(s) are subm	•	
		Kevin Atchoo		
			Name of Person	···
		Inventure Group LLC		
			Firm/Company	
		7680 Universal Blvd		
			Address	
		Orlando FL32819		
		kevinatchoo@aol.com	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notifi	cation)
For furt	her information o	oncerning this matter, please ca	11:	
Candac	e Stottle		407 5808110	
	Name of	f Person	at () Area Code Daytime	Telephone Number
	Keui	n A+choo-	at () Area Code Drysime (407) - 773 -21.	39
Enclose		e following amount:		
52 5 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is exclosed)

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

Inventure Group LLC					
Name of the Lim	ited Liability Commany as it now as (A Florida Limited Liability Compa	opears on our records.)			
The Articles of Organization for this Limited I Florida document number	Liability Company were filed or	10/10/13	and as	ssigned	
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liability compan	y bere:			
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abl	reviation "	L.L.C."	
Enter new principal offices address, if appli	enble:				
(Principal office address MUST BE A STRE	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		 -	
				23	
				द्धारी -गा	66 (13) 3
Enter new mailing address, if applicable:				<u> </u>	- CORP.
(Mailing address MAY BE A POST OFFICE	BOX)			<u> 8</u>	
					<u> </u>
D. If any 22 and the section of second second			. ؟ سنده سخه		,
B. If amending the registered agent and registered agent and/or the new registered of	_	s on our records, enter	ine terroe	(L)	e Incw
Name of New Registered Agent:	Kevin Atchoo				_
New Registered Office Address:	7680 Universal Blvd Suite 1	00			
	Ente	r Florida street address			
	Orlando	, Florida	319		
	City	· · · · · · · · · · · · · · · · · · ·	Zip Code	;	
New Registered Agent's Signature, if changing	Registered Agent:				

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

Page 1 of 3

(Kevin Atchoo)

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 Title Name <u>Address</u> Type of Action ۷P Michael Bagdonas 7680 Universal Blvd Suite 100 Orla _C Add Remove ☐ Change D Add C Remove _ Change _□ Add ☐ Remove _C Change □ Remove and significan Change Ädd 🗒 [] Remove □ Change, _D Add _□ Remove

🔲 Change

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ficetive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day. If the date inserted in this block does not meet the applicable statutory filing requirement ment's effective date on the Department of State's records. Coord specifies a delayed effective date, but not an effective time, at 12: e 90th day after the record is filed.	s, ims cate will not be i	isied as u
		21
	6. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2018 FEE
2-12-18	ate 1	55
Signature of a member or authorized representative of a member	# 13. ***	- 63 - 63 - 7

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Filing Fee: \$25.00