L13000/47672

(Re	equestor's Name)						
(Ac	idress)						
(Ac	ddress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(ВС	usiness Entity Nam	ne)					
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						

Office Use Only



000256845980

02/20/14--01026--013 **55.00

2014 MAR - 5 AM II: 29

MAR 0 6 2014 D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2014

ALEXANDRA SAMPEDRO 15761 SW 99 ST MIAMI, FL 33196

SUBJECT: DANDELION GROUP, LLC

Ref. Number: L13000147672

We have received your document for DANDELION GROUP, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

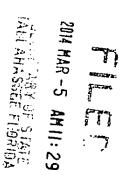
Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 414A00003933



COVER LETTER

TO: Registration Section

INHS18 (12/13)

Division of Corporations				
SUBJECT: Dandelion Group	p LLC			
Name of	Limited Liability Company	_		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
	•			
Alexandra Sampedro				
Name of Person				
Dandelion Group LLC	27 gs -	1 4107		
Firm/Company	—————————————————————————————————————	TAN.		
15761 SW 99 st.	SECTION OF THE SECTIO	ر <u>ح</u>		
Address		80 II C 2		
Miami, FI 33196		77		
City/State and Zip Code				
dandeliongroupllc@gma	ail.com			
E-mail address: (to be used for future annual report	notification)			
For further information concerning this matt	ter, please call:			
Alexandra Sampedro	at (305) 992 3184			
Name of Person	Area Code & Daytime Telephone Number	_		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Constant Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following	ng amount:			
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Nar	ne of the limited liability company: Dandellon Group LLC		<u>. </u>		
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)				
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	15761 SW 99 ST Miami, F! 33196			
Fel	bruary	17, 2014				
3.	Dat	e of filing/registration in Florida	4. Document number			
5.	(a)	Registered Agent and Registered Office shown on	the records of the Florida	Dept. c	of Stat	e:
		Registered Agent:	Alexandra Sampedro			
		Registered Office Address:	473 Mendoza Avenue Apt 4	12	201	
			Coral Gables, Fl 33134	7- c	- - 3	-
				25 (m)	- 20	ERISTMEN'
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office add	SSSS dress:	-5 A	P=41
		NEW Registered Agent:	Alexandra Sampedro	F.S.	AM	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	15761 SW 99 ST	RRIO.	: 29	
		MOST BE I HORIDITATE TO PRESS,	Miami	,F	TL_3319	6
co an lia the	nfirr d the bilit e me e op	imited liability company is not organized under the lend that after the change or changes are made, the Fle business office of the registered agent will be idently company, it is hereby confirmed that the change(s) unbers of the limited liability company or as otherwise rating agreement of the limited liability company.	lorida street address of th ical. Or, in the case of a was/were authorized by	e registe Florida an affir	ered o limite mativ	ffice ed e vote of
		Sampedro or typed name of signee	_			
		by accept the appointment as registered agent and a wwith the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po er 605, F.S. Or, if this document is being filed to me as, I hereby confirm that the limited liability company	gree to act in this capaci oper and complete perfor sition as registered agen rely reflect a change in to v has been notified in wri	ty. I fur mance of t as pro he regis iting of t	rther d of my vided tered this ch	agree to duties, for in office aange.

Signature of Registered Agent