L140000 27861

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TALLAHASSEE TI GRAIN

COVER LETTER

TO: Registration Se Division of Cor						
Legion of I	Breadwinners Universal LLC.					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Corion J. DeLaine			-		
		Name of Person		,		
		•		SE(C	
		Firm/Company			KIJL	<u> </u>
	2300 Bluff Oak Way Apt.	#1203		188	21	-
		Address			==	
Tallahassee, FL, 32311					$\dot{\omega}$	
		City/State and Zip Code		동류	2	
	cdelaine13@gmail.com	,				
	E-mail address: (to be used for future annual report notifi	cation)			
For further information c	oncerning this matter, please c	all:				
Corion J. DeLaine		954 558-1843				
Name o	f Person	at () Area Code Daytime	Telephone Number	•		
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	_		Certified	0 Filing Fee, ficate of Status & fied Copy is enclosed)		
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	1			

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legion of Breadwinners Universal LLC	·	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	<u>.</u>
The Articles of Organization for this Limited Liability Cor.	npany were filed on 02/17/2014	and assigned
Florida document number L14000027861		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Ouro Group LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		70-4
(Principal office address MUST BE A STREET ADDRE	SS)	
	<u> </u>	
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		2 2 2 2
B. If amending the registered agent and/or register		enter the name of the ne
registered agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		
N. P. 1. 1007 AU		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	City	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 Changing Registered Agent, Signature of New Registered Agent

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	Dwayne J. Burns	2300 Bluff Oak Way Apt. #1203	Add
		<u> </u>	☐ Remove
			Change
	- <u> </u>		D Add
			□ Remove
			□ Change
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			Rémove_
			Change Ch
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ve date, if other than the dective date is listed, the date must lead the date inserted in this blocent's effective date on the Dep	be specific and cannot be does not meet the	be prior to date of f applicable statut	iling or more the	(opti un 90 days after tirements, thi	filing.) Pursuant	to 60: pe list
record specifies a delayed ne 90th day after the reco		out not an effe	ective time,	at 12:01	a.m. on the	earli
June 15th	201	6 .				
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Filing Fee: \$25.00