L140000 28516

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
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(Document Number)	_
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COVER LETTER

TO: Registration Sec Division of Corp			
The F	Puder Group, L	LC	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Kimberly Hill		
		Name of Person	
	···		
		Firm/Company	
	3930 Max PI	ace	
		Address	
	Boynton Bea	ach, FL 33436	
		City/State and Zip Code	
	kristen@mspmgmt		<u></u>
	E-mail address: (to	o be used for future annual report notifica	ation)
For further information co	oncerning this matter, please cal	II:	
Kimberly Hi	II	_{at (} 561 ₎ 742-92	90
Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	e 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

The Puder Group, LLC		
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L14000028510</u>	ty Company were filed on 2/14/2014	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
(Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or r registered agent and/or the new registered office:	registered office address on our records, enter	r the name of the new
		4.7_3
Name of New Registered Agent:		A S
New Registered Office Address:		量量 1
	Enter Florida street address	
_	, Florida	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties, and I am ed agent as provided for in Chapter 605, F.S. Of stered office address, I hereby confirm that the l	n familiar with and r, if this document is

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager '

AMBR = Authorized Member <u>Title</u> **Address Type of Action** <u>Name</u> Jodi Puder 3930 Max Place MGR Add Boynton Beach, FL 33436 Remove □ Add _□ Remove □ Add ☐ Remove

If amending any other information, enter change(s) here: (Atta	, , ,
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
Dated June 3 2014	
Shel	
Signature of a member or authorized rep	resentative of a member
Kimberly Hill	
Typed or printed name of	of signee

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Filing Fee: \$25.00

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