

L 14 000055851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

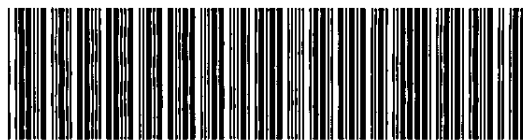
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200263383742

08/19/14--01009--013 **25.00

2014 AUG 19 PM 3:32
SECRETARY OF STATE
TOLSON BUILDING
COLUMBIA, SC 29201

14-20

AUG 20 2014

i CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADA Group, LLC
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:

Augusto J. Gil
Name of Person

ADA Group, LLC
Firm/Company

7300 SW 93rd Avenue, Suite 210
Address

Miami, Florida 33173
City/State and Zip Code

gusgil@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Augusto J. Gil at **(305) 598-4002**
Name of Person Area Code Daytime Telephone Number

2014 AUG 19 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the 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**

ADA Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/4/2014 and assigned Florida document number L14000055851.

This amendment is submitted to amend the following:

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 "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 ADDRESS)

FILED	2014 AUG 19 PM 3:32	
SECRETARY OF STATE		
TALLAHASSEE, FLORIDA		

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	AJA Gil, LLC	7300 SW 93 Ave. Ste. 210	<input checked="" type="checkbox"/> Add
		Miami, Florida 33173	<input type="checkbox"/> Remove
AMBR	AJS Real Estate, LLC	3040 Prairie Ave.	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 2014 AUG 19 AM 3:53
 CLERK OF DISTRICT COURT
 MIAMI, FLORIDA

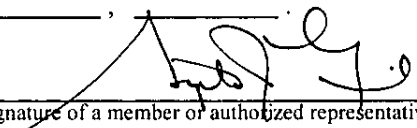
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FEI/EIN Number: 46-5380825

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/16/14



Signature of a member or authorized representative of a member

Augusto J. Gil

Typed or printed name of signee

2014 AUG 19 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA