L14000068185

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
V	,	
(0)	(0) + 77' (0)	- (0
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nar	me)
(01	omood Emily (val	
(Do	cument Number)	l
Certified Copies	_ Certificates	s of Status
Special Instructions to	Elling Officer	
Special instructions to	rilling Officer.	
!		
		•
:		

Office Use Only



600272334486

05/07/15--01017--017 **25.00

2015 HAY -7 AN II: 29
SECRETARY OF STATE
THE SECRETARY OF STATE
SECRET

COVER LETTER

TO: Registration Section Division of Corporations		1 Grow We
SUBJECT: Name of Lin	mited Liability Company	view Group,
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Fr.	oncis Prom	d
Signat	Name of Person	ind Broup, LC.
80 SW	Firm/Company St. St. St.	Ze. 2804
Misomí	Address 33	3130
E-mail address:	City/State and Zip Code Compared Signal (to be used for future annual report notified)	Abre and Group. Com
For further information concerning this matter, please Name of Person	at (954) SO	Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee \$\text{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 ORGANIZATION OF

SENATURE	In fluoration	1 Group, LLC	
(Mame of the Limited Li (A F	ability Company as it now appears on or orda Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liabilication for the Limited Liabilication of the Limited Liabilication of the Limited Liabilication of the L	ity Company were filed on <u>OY</u>	28/2014 and assigned	
his amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here:		
he new name must be distinguishable and end with the words	, , , ,	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable			
<u>Principal office address MUST BE A STREET A</u>	DDRESS)		
		<u> </u>	
		军	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<u> </u>	
		FIS E	
		024 024 024	
3. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the nev	•
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str		
	Enter Florida Sir		
	City	, Florida 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

MGR = Mar AMBR = Au	nager thorized Member							
Title WAL	Name Wall Wall	Gro.	Address P.	100 8fe. San C	Ave. 6-100 Van,	Siena P.R	del E	Ppe of Action ☐ Add ☐ Add ☐ Add ☐ Remove
		-						□ Add □ Remove
		-						□ Add □ Remove
		_						⊒ Add
		-						□ Remove
								☐ Remove
		_						□ Add I Remove

Authorized Member being added or removed from our records:

,			
			
ffective date, if oth	er than the date of filing:		_ (optional)
	specific, cannot be prior to date of receipt or f filed by the Florida Department of State)	iled date and cannot be more than	90 days after
1.11	In Pr Day		
lated		<u>J</u> .	
	(A)		
	Signature of a member or auth	orized representative of a member	r
<u> </u>	Signature of a member or auth TRANCIS TICAR	orized representative of a member	г

Page 3 of 3

Filing Fee: \$25.00

