# L140000 85554

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# **COVER LETTER**

TO: Registration Section Division of Corporati	ons	• •	
SUBJECT: 66 /		GROUP LLC	
	Name of Lim	nited Liability Company	
The condensed Auril Lease Char	1 16 / 3		
The enclosed Articles of Ameno	iment and fee(s) are sub	emitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
	GICA GA	CADINARU	
<del></del>	<u> </u>	Name of Person	
	GG INV	Name of Person  EST MENT GROUP	166
		Firm/Company	
,	2269 05	SHKOSH CT Address	
<del></del>			
	ORLANA	City/State and Zip Code  City/State and Zip Code  Company Comp	8
	- 9	City/State and Zip Code	
·	E-mail address:	to be used for future annual report notifica	tion)
For further information concern	•		,
GICA GRAL	SINA RU	at (407) 914 Area Code Daytime To	5982
Name of Persor	ı	Area Code Daytime To	elephone Number
Enclosed is a check for the follo	wing 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



2015 OCT - 1 PM 3: 16

K.S.

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— · · ·	ENT GROUP LLC	AA GEVALE E STATE MATAMASEE, ELORDA
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our rada Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability (	Company were filed on $05/28$	2014 and assigned
Florida document number_ <u>L140000 85554</u>	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ELECTION BUTCHWHOM ELECT.
Emer new principal offices address, it applicable: (Principal office address MUST BE A STREET ADD)	(PECC)	
STOREGAM OFFICE MINISTERS OF UST DE A STREET ADD.	<u> </u>	<del></del>
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	stered office address on our rec	ords enter the name of the
registered agent and/or the new registered office add		ords, enter the name of the
Name of New Registered Agent:		<u>-</u>
New Registered Office Address:		
	Eurau Elauida arrant a	ddrage
	Enter Florida street a	_, Florida

### 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
MGR	FELICIA REDDEN	2269 OSHKOSH CT	<b>X</b> Add
		2269 OSHKOSH CT ORVANDO FL 32818	□ Remove
•			Change
		<del></del>	Remove
			Change
			□ Remove
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	<u> </u>	•
. Effec	date, if other than the date of filing: 09/28/15 (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	0000 (0)
Note:	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	.0207 (3)(6) ed as the
docui	's effective date on the Department of State's records.	
F tha va		<b></b> -
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Ith day after the record is filed.	er or:
Datas	09/28/15	
Date	'	
Datet		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00