

L14000093500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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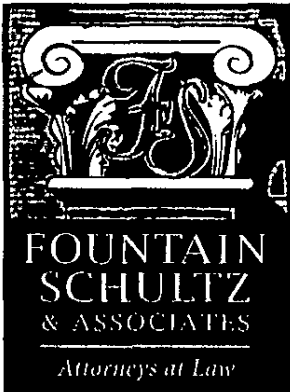


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FILED
17 FEB 15 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 13, 2017



KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

VIA REGULAR U.S. MAIL

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: 3 Degrees Group, LLC- Articles of Amendment

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Amendment to Articles of Organization regarding the above entity. Also enclosed is a check in the amount of \$25.00 for filing.

Please return a filed copy to me in the enclosed pre-addressed, stamped envelope.

Please let me know if you have any questions. Thank you for your assistance in this matter.

Sincerely,
Fountain, Schultz & Associates, P.L.


Kerry Anne Schultz, Esquire

KAS:amf
Enclosures

2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FLORIDA 32566
TEL: (850) 939-3535
FAX: (850) 939-3539

SANTA ROSA BEACH
TEL: (850) 622-2700
FAX: (850) 622-2722

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3 Degrees 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:

Kerry Anne Schultz, Esq.

Name of Person

Fountain, Schultz & Associates, PL

Firm/Company

2045 Fountain Professional Ct., Suite A

Address

Navarre, Florida 32566

City/State and Zip Code

kaschultz@fountainlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerry Anne Schultz

850 939-3535
at ()

Name of Person

Area Code

Daytime Telephone Number

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**

3 Degrees 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 June 11, 2014 and assigned Florida document number L14000093500.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

46 Mason Avenue

(Principal office address MUST BE A STREET ADDRESS)

Santa Rosa Beach, Florida 32459

Enter new mailing address, if applicable:

46 Mason Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Santa Rosa Beach, Florida 32459

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:

Kerry Anne Schultz

New Registered Office Address:

2045 Fountain Professional Ct., Suite A

Enter Florida street address

Navarre

City

Florida 32566

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Diana Tibbs, as Co-Trustee of The Tibbs Revocable Trust, dated January 20, 2017	46 Mason Avenue	<input type="checkbox"/> Add
		Santa Rosa Beach, Florida 32459	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Michael Tibbs, as Co-Trustee of The Tibbs Revocable Trust, dated January 20, 2017	46 Mason Avenue	<input type="checkbox"/> Add
		Santa Rosa Beach, Florida 32459	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

17 FEB 15 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Feb 13, 2017.

Diana Tibbs

Signature of a member or authorized representative of a member

Diana Tibbs

Typed or printed name of signee