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### **COVER LETTER**

TO: Registration Division of	on Section Corporations		
CUDIECT.	GOLSONG (	GROUP, LLC	
SUBJECT:		nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all corn	respondence concerning this matter	to the following:	
	Larry Sims		
		Name of Person	
	Doran, Sims, Wo	olfe, Kundid, Ciocchett	i & Wagner
		Firm/Company	<u>.</u>
	1020 W Inte	rnational Speedy	way Blvd
		Address	
	Daytona Be	ach, FL 32114	
		City/State and Zip Code	
	Isims@doranlaw		
		to be used for future annual report notif	ication)
For further informat	ion concerning this matter, please c	all:	
Larry Sin	าร	<sub>a</sub> , 386, 253-1	111
Na	ame of Person	Area Code Daytime	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee \$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

	GROUP, LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Compar	ny were filed on August 13, 2014	ar	nd assign	ed
Florida document number L14000127128			_	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	bility company here:			
The new name must be distinguishable and end with the words "Limited L	ability Company," the designation "LLC" or the	abbrevia	tion "L.L.(	J."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<del> </del>	
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 n	ame of	the no
registered agent and/or the new registered office address he	ere:			
		7		
Name of New Registered Agent:		<del>'.</del>	<del></del>	
New Registered Office Address:			<u>, , 2</u>	, . i e
	Enter Florida street address		Č	٠.
	, Florida		Code _	
Now Designation of Association (Co. 1)	City	Zip (	Code _	. jare
New Registered Agent's Signature, if changing Registered Agen	t:			

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, <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>	Name	Address	Type of Action
MGR	Lawrence Golsong	410 Acacia Circle	<b>=</b> Add
		Port Orange, FL 32127	Remove
			□ Add
			🗆 Remove
			□ Add
			□ Remove
			<del></del>
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effective date must be specific, cannot be prior to date of receipt or filed date and ca date this document is filed by the Florida Department of State)	nnot be more than 90 days after
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Filing Fee: \$25.00