

L14000157362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

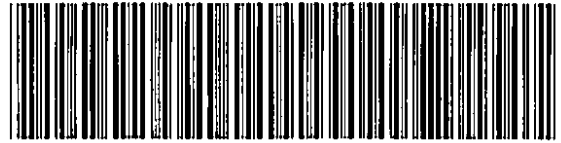
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
18 JUL 31 AM 10:28  
CLERK'S OFFICE

*Amend*

AUG 03 2018

D CUSHING

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**CHUCK MOGBÓ, P.A.**

Certified Public Accountant

4782 W. Commercial Blvd.

Tamarac, FL 33319

Tel (954) 739-4669

Tel (954) 739-1966

Fax (954) 739-0889

cmogbo@bellsouth.net

*cpa*

July 20, 2018

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sirs:

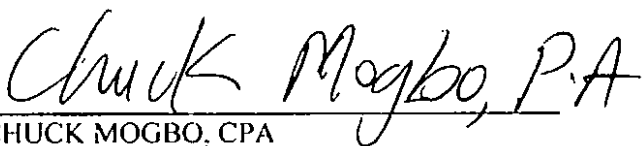
**RE: AMENDMENT RE REGENTS GROUP OF COMPANIES, LLC.**

Enclosed is Articles of Amendment for the captioned company along with a check in the amount of Forty Three Dollars & Seventy Five Cents (\$43.75), for processing. Kindly process request at your earliest convenience.

Thank you for your cooperation.

If you need additional information, please call the undersigned.

Sincerely,

  
CHUCK MOGBO, CPA

Encl.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REGENTS GROUP OF COMPANIES, 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:

CHUCK MOGBO

Name of Person

CHUCK MOGBO, P.A.

Firm/Company

4782 W. COMMERCIAL BLVD

Address

TAMARAC, FL 33319

City/State and Zip Code

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

For further information concerning this matter, please call:

CHUCK MOGBO

954

739-4669

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUL 31 PM 10:28

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

REGENTS GROUP OF COMPANIES, 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 08/25/2014 and assigned  
Florida document number L14000157362

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**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 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>
OMGR	MODUPE LAWAL	14988 S.W 33RD STREET	<input type="checkbox"/> Add
		WESTON, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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**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.

Dated 06/01 2018

Typed or printed name of signee