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## **COVER LETTER**

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		RETREAT GROUP, LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	<del></del>
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		Nicholas Ritornato, Esq.		
			Name of Person	
		MacMillan & Stanley, PLI	I.C	
			Firm/Company	
		33 NE 4th Avenue		
			Address	<del> </del>
		Delray Beach, FL 33483		
			City/State and Zip Code	
		nick@macmillanstanley.com		
		E-mail address: (	to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please co	all:	
Nichol	as Ritornato		561 276-6363	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>≡</b> \$25	5.00 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
	Tallahassee, I			be Street, Suite 810

Tallahassee, FL 32303

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

LUXURY RETREAT GROUP, L			
( <u>Name of the Lim</u>	ited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)	<del></del>
The Articles of Organization for this Limited	liability Company were file	ed on February 18, 2015	and assigned
Florida document number L15000030849	<u> </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability com	ipany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	my," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		·ā
			•
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		- <del>0</del>
			<u></u>
			16
B. If amending the registered agent and/or agent and/or the new registered office addr		on our records, <u>enter the na</u>	me of the new regist
igent and/or the new registered office addr	css ucic.		
Name of New Registered Agent:			<del></del>
New Registered Office Address:	33 NE 4th Avenue		
		Enter Florida street address	
	Delray Beach	, Florida _	33483
	-		

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gloria Spahr	4225 Tranquility Drive	<b>≣</b> Add
		Highland Beach, FL 33487	□Remove
			□Change
		<del> </del>	□Add
			□Remove
			☐ Change
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Filing Fee: \$25.00