## L1500031844

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## **COVER LÉTTER**

6.

10: Registration Section Division of Corporations
SUBJECT: The L1248 Florida 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:
Betsy Adams Name of Person
Small Business Associates Inc.
4070 Herschelst. Ste. I
City/State and Zip Code  City/State and Zip Code  Chestal & Communication  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Betsy Fldams at (904) 387 -1128  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status 6

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy

(additional copy is enclosed)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 HAY 26 AM 10: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The L1248 F		<u>C</u>
( <u>Name of the Limited L</u> (A I	iability Company as it now appears on of florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on $\frac{02}{44}$ .	19/2015 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	trace I to luq su	
-	City	, Florida 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 = Au	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR.	Stephen Pullen	4119 Robin Hood Jacksonville, FL 32	Add  Remove
			Change
			Add
			□ Remove
			Change
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ote: If the	date, if other than the da ive date is listed, the date must be the date inserted in this block 's effective date on the Depa	ite of filing: e specific and cannot be p	prior to date of filing or a	(optional)	) .) Pursuant to 605.0207
recorc he 90	d specifies a delayed e Oth day after the record	ffective date, but 1 is filed.	not an effective	time, at 12:01 a.m.	
ed	5/21/15				RETARY Allassi
	Donala d	Pelle	<del>·</del> •		Y OF STATE SEE, FLORIDA
		nature of a member or a	iuthorized representativ	e of a member	- जून ह

Page 3 of 3

Filing Fee: \$25.00