# L15000058196

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## COVERLETTER

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**Registration Section** 

Division of Corporations		
ONE GROUP GENERATION, LLC. SUBJECT:		
	ed Liability Company	<del>-                                    </del>
The enclosed Articles of Amendment and fee(s) are subm	itted for filing.	
Please return all correspondence concerning this matter to	the following:	
LINA CARBONELL		
	Name of Person	
One Group Ge	Firm/Company	
	Firm/Company	
TFOI WN ON PH	n Ave APT 306 Do Address	nal, 71 33)
Doral, Fl 33	178	
	City/State and Zip Code	
<u>Carbonelles (d'an</u> E-mail address: to	City/State and Zip Code  ail. Com.  be used for future annual report not	ification)
For further information concerning this matter, please call		
Martin Carbonell	at (786) 550	5952
Name of Person	Area Code Daytin	ne 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

GROUP GENERATION, LLC.				(1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
(Name of the Limi	ted Liability Comp (A Florida Limited	pany as it now appears on a Liability Company)	our records.)	CJ ("model
The Articles of Organization for this Limited I	iability Compan	y were filed on April 02	2, 2015	and assigned
Florida document number L15000058196	<del></del>			2: 40
This amendment is submitted to amend the following	lowing:		,-	
A. If amending name, enter the new name of	of the limited lia	bility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the design	ation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4460 NW 107TH AV	E. #306 Miam	i, Florida 33178
(Principal office address MUST BE A STREE	ET ADDRESS)			
		······	· .	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		4460 NW 107 AVE.,	#306 Miami, F	Florida 33178
				***************************************
				<del></del>
B. If amending the registered agent and registered agent and/or the new registered of			records, <u>en</u>	ter the name of the ne
registered agent and/or the new registered o	Titce audi ess ne	<u>. 1e.</u>		
Name of New Registered Agent:	LINA CARBONELL			
New Registered Office Address:	4460 NW 107	TH AVE., #306		
	·	Enter Florida si	reet address	
	Miami		, Florida	33178
		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>	Address	Type of Action
MGR	CARLOS A. NUNEZ	10815 NW 50TH ST #301 Miami, ]	
			Remove
			Change
MGR	MARTIN CARBONELL	DOYAL THE 33178	Add
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			☐ Change
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			Remove
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			Change

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