# K150000084958

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 56 FLOTICA 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:
Zach Gilad Name of Person
SG FLorida Group LLC. Firm/Company
8573 NW Gard pluce
Parkland F.L 33067 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Zuch Gilad at (954) 647-5444  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S(> F/OF/C() OFC (Name of the Limited Liability (A Florida	YO LLC. ty Company as it now appears o	on our records.)		
(A Florida	Limited Liability Company)			
The Articles of Organization for this Limited Liability C	ompany were filed on	$\frac{5}{13} \frac{13}{2015}$ and assigned		
Florida document number <u>L 1500008495</u>	8			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here	<b>:</b>		
	A LIVE CONTRACTOR OF THE CONTR			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	RESS)			
	<u></u>			
		(E)		
Enter new mailing address, if applicable:	<del></del>	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		·:		
B. If amending the registered agent and/or registered	d office address on our rec	ords, enter the name of the new register		
agent and/or the new registered office address here:		ζ.		
Name of New Registered Agent:				
New Registered Office Address:	Enter Floride	a street address		
	City	, Florida Zip Code		
Now Desistened Access Signature if should be Desistened	,	г.у. Сіме		
New Registered Agent's Signature, if changing Registere	<u>a Agent:</u>			

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.

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

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>	Type of Action
MGR	Sigal Gilad	2503 NW Gard pl parkland 33	267 BAdd
			□ Remove
			□Change
MGR	Felix Calmo Ramitez	BBB NW Gardal pasktand 33	<b>©</b> Z□Add
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