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# **COVER LETTER**

TO: , Registration Section Division of Corporations
SUBJECT: THE SALES 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:
JEFFREY MRESTONE
The Sales Group UC
Firm/Company
P.O. Box 810363
P.O. Box 810363 Boca RATION, FL 33481
City/State and Zip Code  CRESTON COUP @ GWAIL. COM  E-mail address: (to be used for future annual report notification)
Jeffrey Freestone at 561, 542-4616
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 & Certificate of Status \$\Bigcup \$\text{Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy}\$\$ (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 63205 — and assigned Florida document number 15000097654  This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
CHARITEES LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C".
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  HOLLY WOOD PL 33021
Enter new mailing address, if applicable:  (Muiling address MAY BE A POST OFFICE BOX)  P.O. BOX 810363  BOCA LATON PL 33A81
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:
FIRESTONE Group INC
Name of New Registered Agent:
New Registered Office Address: 3475 SHERIDAN ST #310
Enter Florida street address  Florida 3302/ Zin Code
New Registered Agent's Signature, if changing Registered Agent:

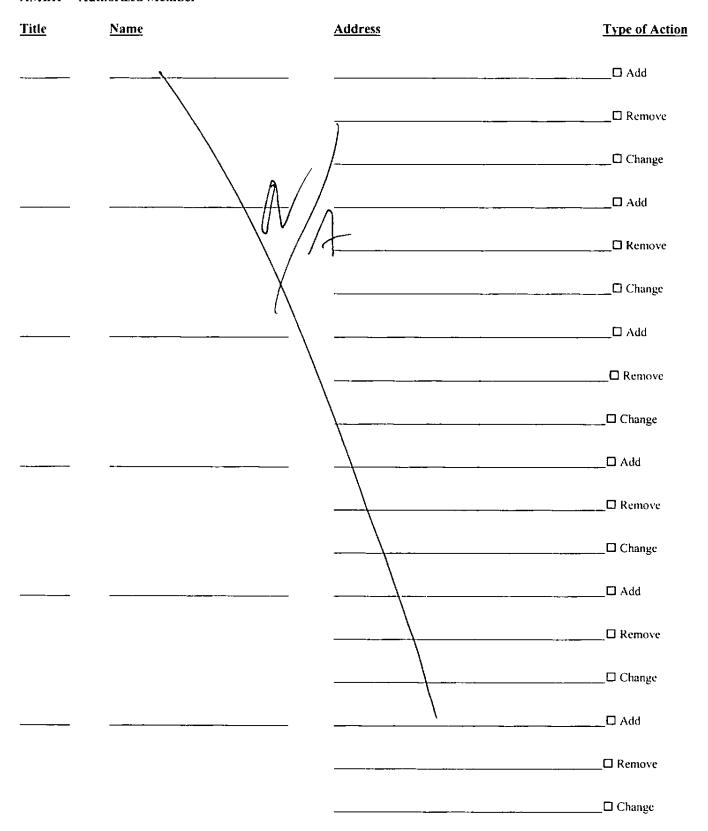
If Changing Registered Agent, Signature of New Registered Agent

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 advers. Thereby confirm that the limited liability

company has been notified in writing of this change.

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



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Filing Fee: \$25.00