15000106630

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	#)
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COVER LETTER

то:	Registration Se Division of Cor			
cun ir		MANAGMENT GROUP LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		KEVIN FISCHER		
			Name of Person	
		OSCAR REY CPA		
			Firm/Company	
		1400 LINCOLN RD, #504	ı	
			Address	
		MIAMI BEACH, FL 3313	39	
			City/State and Zip Code	
		KEVIN@OSCARREY.CO		
		E-mail address: (to be used for future annual report notifi	ication)
For furt	her information c	oncerning this matter, please co	all:	
KEVIN	FISCHER		305 531-8518	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

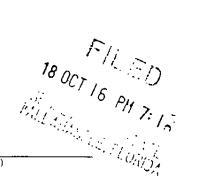
TO:

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



T ROAD MANAGMENT GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{06/18/2015}{1}$	and assigned	
Florida document number L15000106630	<u>_</u> :		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			
Even and the state of the state			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		ecords, enter the name of the new	
New Registered Office Address:			
	Enter Florida street	address	
	, Florida City Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my dut ent as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is	
	If Changing Registered Agent, Sign	ature 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	KUSH BUSINESS CONCEPTS LLC	2911 GRAND AVE, STE 400D MIAMI, FL 33133	Add
			Remove
			Change
MGR	KUSH HOSPITALITY GROUP LLC	2911 GRAND AVE, STE 400D MIAMI, FL 33133	
			□ Remove
			Change
			
			Remove
			Change
			□ Remove
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For all a to all a	10/03/201	8		
. Effective date, if other than the (If an effective date is listed, the date mu	ist be specific and cannot be pri	or to date of filing or more than	(optional) n 90 days after filing.) Pursua	ant to 605,0207 (3)
Note: If the date inserted in this be document's effective date on the I	lock does not meet the appl Department of State's record	icable statutory filing requiss.	rements, this date will no	it be listed as the
the record specifies a delayed The 90th day after the rec	d effective date, but r cord is filed.	ot an effective time,	at 12:01 a.m. on th	e earlier of:
OCTOBER 3	2018			
0	Mayla			
	Signature of a member or and	horized representative of a me	embor	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00