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(Re	equestor's Name)			
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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(Do	ocument Number)	-		
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:	:		





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SECRETARY OF STATE TALLAHASSEE, I LORIDA OCT 2 7 2015

S. YOUNG

COVER LETTER

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TO: Registration Section Division of Corporations						
SUBJECT: THE NOCTURNAL 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:						
DAVID ANDERSON Name of Person						
Firm/Company						
912 N FRANKLIN ST Address						
TAMPA FL 33602 FOR TO STATE OF THE PROPERTY OF						
For further information concerning this matter, please call:						
Name of Person ANDERSON at (813) Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \)						

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

THE NOCTURNAL	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 Company were filed on $\frac{7/23/2015}{2015}$ and assigned Florida document number 215000126466						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	912 N FRANKLIN ST TAMPA FL 37602					
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:	912 N FRANKENS ST TAMPA FL 記る記由					
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL 3602 m					
	27 v					
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:						
registered agent and/or the new registered office address ner	<u>.</u>					
Name of New Registered Agent:						
New Registered Office Address: 91	2 N FILANKLIN ST Enter Florida street address					
	A M (A Florida 3607 City Zip Code					
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	PLEASE SEE ATTACHED E'N FORM (SEE AND ENCLOSED IN ENVELOBE
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	PLEASE CHANGE ALL AUTHONIZED PENSONS ADDRESSES TO NEW PRINCIPAL ADDRESS
_	ADDRESSES TO NEW PRINCIPAL ADDRESS
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fect	tive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m.con the earlier o
The	e 90th day after the record is filed.
ited	QT 22 2015
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Date of this notice: 07-28-2015

Employer Identification Number:

47-4631846

Form: SS-4

Number of this notice: CP 575 B

NOCTURNAL GROUP LLC FRANKLIN MANOR % LANFRANCO PESCANTE MBR 1120 W KENNEDY BLVD STE 1B TAMPA, FL 33606

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4631846. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call—us at the phone number or write to us at the address shown at the top of this notice of If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from your or representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is NOCT. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.



Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

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Your	Telephone Number	Best Time to Call	DATE OF THIS NOTICE:	07-28-2015
()		EMPLOYER IDENTIFICATION	N NUMBER: 47-4631846
			FORM: SS-4	NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

NOCTURNAL GROUP LLC FRANKLIN MANOR % LANFRANCO PESCANTE MBR 1120 W KENNEDY BLVD STE 1B TAMPA, FL 33606