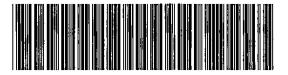
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SEP 14 2016 S. YOUNG SECRETARY OF STATE TALLAHASSEE, TLEBULA



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2016

LISA L MORRIS LLM GROUP, LLC 111 N OAK AVENUE SANFORD, FL 32771

SUBJECT: LLM GROUP, LLC. Ref. Number: L16000100705

We have received your document for LLM GROUP, LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 716A00018329

www.sunbiz.org

Division of Corporations D.O. ROY 6327 Tallahassaa Florida 3231/

COVER LETTER

Division of Co.	rporations				
LLM Grou	p, LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Lisa L Morris				
		Name of Person			
	LLM Group, LLC				
		Firm/Company		25.	
	111 N. Oak Ave.		5 AUG 26	AKT	
		Address	26	13.55 14.55 14.55 14.55 15.55	
	Sanford, FL 32771		=	177	
		City/State and Zip Code	 မ		
	Imorris@cdscourts.com	to be used for future annual report not	27	9	
		•	incation)		
For further information of	concerning this matter, please c	all:			
Lisa L Morris		407 333-4770 at ()			
Name o	of Person		ne Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	■ \$60.00 Filing Fee,		
25.00 Timg rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
MAIL		STREET/COUR	IER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLM Group, LLC			
(Name of the Lim	ited Liability Company (A Florida Limited Liab	as it now appears on our re bility Company)	cords.)
The Articles of Organization for this Limited l	Liability Company we	ere filed on 05/25/2016	and assigned
Florida document number L16000100705	.		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabilit	y company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation '	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)			
	_		E E E E E E E E E E
	_		26 SS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			P. Miga
			<u>ن ۾ ۾ </u>
			27
B. If amending the registered agent and registered agent and/or the new registered of		e address on our rec	ords, enter the name of the ne
Name of New Registered Agent:	Lisa L Morris		
New Registered Office Address:	111 N Oak Ave	,	
		Enter Florida street a	ddress
	Sanford		, Florida ³²⁷⁷¹
		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

77)

<u>Title</u>	Name	Address	Type of Action
MGR	Lisa L Morris	111 N Oak Ave, Sanford, FL 32771	Add
			☐ Remove
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		·	Add
	<u>u</u>		Remove
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tive date, if other than the d ffective date is listed, the date must b If the date inserted in this bloc ment's effective date on the Dep	e specific and cannot be prick does not meet the appli	icable statutory filing re	(optional) han 90 days after filing.) Pur quirements, this date will	suant to 605 not be list
ecord specifies a delayed one 90th day after the record		ot an effective tim	e, at 12:01 a.m. on t	:he earli
August 23	2016	·		

Page 3 of 3

Filing Fee: \$25.00