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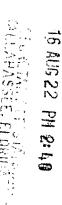
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Вс	ısiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Co	rporations		·
GROUPEI SUBJECT:	R 5670, LLC		
John Della Communication of the Communication of th	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Mats Elevenger		
		Name of Person	
	GROUPER 5670, LLC		
		Firm/Company	
	5670 SE GROUPER		
		Address	
	STUART, FL. 34997		
		City/State and Zip Code	
	mats.colorado@hotmail.con	n to be used for future annual report notifica	····
		·	anon;
For further information	concerning this matter, please ca	all:	
Chelsea Baier		970 970.879.4567 at () Area Code Daytime T	
Name o	of Person	Area Code Daytime T	clephone Number
Enclosed is a check for t	he 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2016

MATS ELEVENGER 5670 SE GROUPER STUART, FL 34997 US

SUBJECT: GROUPER 5670, LLC Ref. Number: L16000136624 2016 AUG 22 PK 3: 59

We have received your document for GROUPER 5670, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 016A00016616

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

GRUOPER 5670, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited lorida document number L16000136624	Liability Company	were filed on July 20, 2016	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5670 SE GROUPER	
		STUART, FL. 34997	
Inter new mailing address, if applicable:		5670 SE GROUPER	
Mailing address MAY BE A POST OFFICE BOX)		STUART, FL. 34997	3
			1000
3. If amending the registered agent and	_		enter The name of the
egistered agent and/or the new registered o	office address her	<u>e</u> :	AUG.
Name of New Registered Agent:			22
New Registered Office Address:	5670 SE GROU	JPER	The second second
		Enter Florida street address	200 £
	STUART	, Flori	da 34997
		Citv	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:

<u> Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Add
			Remove
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			Add
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Page 3 of 3

Filing Fee: \$25.00