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COVER LETTER

Division of Corporations
SUBJECT: 1 MGAGGEMENT 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:
Jonathan Oten Name of Person
1+1 Management Group Lic
1969 S. Akifaya Trail Site 209 Address
City/State and Zip Code
JIMANGEMENT GOUPILO GMail. (OM Email address to be used for future annual report notification)
For further information concerning this matter, please call:
Jone Hron John at (407) 766-6615 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

J+J Menggement Grow		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000141607</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	# T-B
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbr	eviation "L.L.C"
Enter new principal offices address, if applicable:	1969 S. Alafaya Trai	1 3
(Principal office address MUST BE A STREET ADDRESS)	Suite 209 Orleado, FL 32228	9 50
Enter new mailing address, if applicable:	1969 S Alastaya Trai	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 209 Orkado, FL 32228	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ne name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	·
	, Florida	1
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		i i
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, ij	miliar with and this document is

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
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			Change

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ective	e date, if other than the date of filing:	ივიქ
<u>te:</u> If t	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	d as
ument	t's effective date on the Department of State's records.	
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	ro
he 90	Oth day after the record is filed.	
ed	October 20th, 2017.	
	Signature of a member or authorized representative of a member	
	Jonethan Oten Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00