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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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SEP TO MIS

COVER LETTER

TO: R	egistration Se ivision of Cor	ction porations				
SUBJECT	SHEER GR	OUP LLC				
SUBJECT	:	Name of Lim	ited Liability Company			
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please retu	m all correspo	ndence concerning this matter	to the following:			
		ALEJANDRO J. GARCIA				
			Name of Person		_	
		SHEER GROUP LLC				
			Firm/Company			
		1430 S DIXIE HWY # 309)			
			Address		_	
		CORAL GABLES FL 331	46		F. 29.	
			City/State and Zip Code	I		~[]
		ALEX@GARSH.NET	to be used for future annual repo	art notification)		
For further	information co	oncerning this matter, please c	•	nt notification,	all AHASSEE FLO	
ALEJANI	DRO GARCIA		786 594-01	12	F1 65 F:	-
	Name o	f Person		Daytime Telephone Number	20 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	
Enclosed i	s 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	d) Certifie	Filing Fee, eate of Status & ed Copy al 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

SHEER GROUP LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records. mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 8/16/2016	and assigned
Florida document number L16000153302		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability 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 applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRES	SS)	
		7A
Enter new mailing address, if applicable:		7016 S
(Mailing address MAY BE A POST OFFICE BOX)		
Mulling uduress MAI DE A FOST OFFICE BOA		
		
B. If amending the registered agent and/or register	ed office address on our records.	enter the name of the nev
registered agent and/or the new registered office addres		20
		A. C
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PIONEER INVESTMENT ENTER	14359 MIRAMAR PKWY# 433	 Add
		MIRAMAR, FL 33027	□ Remove
			□ Change
MGR	P.I.E. GROUP LLC	14359 MIRAMAR OKWY # 433	□ Add
		MIRAMAR FL 33027	Remove
			Change
			Add Add Remove:
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e: If the date inserted in this block does no ument's effective date on the Department of		ble statutory filing	g requirements, th	nis date wi	Il not be listed
•					
		an effective t	ime, at 12:01	a.m. on	the earlie
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he 90th day after the record is file	e date, but not ed.		\rightarrow		
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Page 3 of 3

Filing Fee: \$25.00