# 116000155421

(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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TO LETTERNA TO LETTERNA

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Forefront Rea	alty Group, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oundence concerning this matter	to the following:	
		Marlon Persaud	
		Name of Person	
	M.J	J.P Enterprises LLC	
		Firm/Company	
	4429 Po	wderhorn Place Dr	rive
		Address	
	Cl	ermont, FL 34711	
		City/State and Zip Code thepersaudgroup.c to be used for future annual report notific	
For further information	concerning this matter, please c	·	
Marl	on Persaud	at (407) 760-9	778
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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)

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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

Foreiront Re	,	, ,	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appear d Liability Company)	's on our records.)	<del></del>
The Articles of Organization for this Limited Liability Compar	ny were filed on	08/18/2016	_ and assigned
Florida document number <u>L16000155421</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company he	ere:	
The Persaud Group, LLC		≥ <b>a</b>	3
The new name must be distinguishable and contain the words "Limited Lia"	bility Company," the d		
Enter new principal offices address, if applicable:			? 'स्त्री च क्ष्मानका <del>} हिम्मान</del>
(Principal office address MUST BE A STREET ADDRESS)			
		ි න දිරි වි	, v
Enter new mailing address, if applicable:		<b>⊘4</b> ·<	
(Mailing address MAY BE A POST OFFICE BOX)			<del>.</del>
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, enter the	e name of th
Name of New Registered Agent:			<u> </u>
New Registered Office Address:		·	
	Enter Flor	ida street address	
		, Florida	
	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 =	<b>Authorized Member</b>	r

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
		<del></del>	Change
<u></u>			
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
			Change
	<del></del>		
			□ Remove
			□ Change
			☐ Remove
			□ Change

-	
Effect	ive date, if other than the date of filing:
f an ef Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	Mersona
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00