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COVER LETTER

TO: Registration Section of Corp.			
SUBJECT:	Name of Limi	Liability Company	
	mendment and fee(s) are subr		
	Makeu V	Name of Person	
	_Common w	Erm/Company	p, inc
	515 N. FL	Address	P.300
	west Tuly	City/State and Zip Code	33401
	E-mail address: (to	be used for future annual report notif	ication)
	ncerning this matter, please ca	11:	2017 (ALL) (ALL)
Name of l		at (<u>50)</u> <u>2576 –</u> Area Code Daytime	Telephone Number D
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.094 filing Fee. Certificate of Status & Certified Copy tadditional 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>LABOCO159245</u> .	any were filed on <u>Sizyizor b</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	Group, LLC
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2017 TALL
(Principal office address MUST BE A STREET ADDRESS)	AHE UN —
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20 P 3 47 ASSEE FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	office address on our records, enter the name of the new nere:
Name of New Registered Agent: \(\sigma_c\)	orica Orland D
New Registered Office Address: 515 K	Flugler De. 7.300 Enter Florida street address
ب الماريخ	Roun Brush . Florida 3340 1 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
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