## L16000183193

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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S. WARREN AUG 0 7 2017

## **COVER LETTER**

TO:

	Registration Se Division of Cor		•	
		Y 1 GROUP LLC		
SUBJECT	T:	Name of Lin	nited Liability Company	<del></del>
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	↓ ↓ ;
Please retu	ım all correspo	ondence concerning this matter	to the following:	
		ERIC WISEMAN		·
			Name of Person	
		COMPANY 1 GROUP LI	L.C	1
			Firm/Company	
		16332 89TH PL N		
			Address	
		LOXAHATCHEE, FL 33	470	<u>l</u>
		WISEMAN561@AOL.CO	City/State and Zip Code M	; ;
		E-mail address: (	to be used for future annual report notif	ication)
For further	information e	oncerning this matter, please ca	all:	
ERIC WIS	SEMAN		561 261-0629	i
	Name o	f Person		: Telephone Number
inclosed is	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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPANY 1 GROUP LLC	
(Nome of the Limited Linklity Community	<del></del>

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our reco ability Company)	ords.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L16000183193</u> .	were filed on 09/30/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	•
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		 
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our recor	ds, enter the name of the ne
egistered agent analyst the new registered office address here	•	
Name of New Registered Agent:		
New Registered Office Address:		T.
	Enter Florida street addr	ress
		Florida
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete pecept the obligations of my position as registered agent as presing filed to merely reflect a change in the registered office a simpany has been notified in writing of this change.	performance of my duties, covided for in Chapter 605	and I am familiar with and i, F.S. Or, if this document is
If Chang	ing Registered Agent, Signatur	e of New Registered Agent
Page 1	of 3	H-04.

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>	<u>Address</u>	Type of Action
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depar	specific and cannot be does not meet the a rtment of State's rec	e prior to date of tiling or applicable statutory fil cords.	ing requirements, this d	ling.) Pursuant to 605.020' date will not be listed as
record specifies a delayed ef The 90th day after the record	fective date, bu is filed.	it not an effective	time, at 12:01 a.ı	m. on the earlier o
July 21 1		<u>1</u> .		17 AUG
ERIC WISEMAN	nature of a member or	rauthorized representati	ve of a member	-3 PM
	Typed or	printed name of signee		12: 5: E14:11

Filing Fee: \$25.00