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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· .
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COVER LETTER

Registration Section
Division of Corporations

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AA & A B	EACH GROUP, LLC		3 ·
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	WILLIAM A. SUAZA		
		Name of Person	
	ABACOS ACCOUNTING	S SERVICES LLC	
		Firm/Company	
	471 N PINE ISLAND RO	AD, SUITE D-402	
	 	Address	
	PLANTATION, FL. 3332	4	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
or further information of	oncerning this matter, please c	all:	
1			
Name o	of Person	Area Code Daytim	e Telephone Number
closed is a check for t	he following amount:		
1 \$25.00 Filing Fee	☐ \$30.00 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)
Mailing Address Registration of Open Division of Open December 1988 P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Servision of Coron The Centre of Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AA & A BEACH GROUP, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re I Liability Company)	cords.)
he Articles of Organization for this Limited Liability Compan	y were filed on 11/22/2016	and assigned
lorida document number L16000213544		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
te new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation '	'LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
		272
iter new mailing address, if applicable:		<u>=</u>
'ailing address MAY BE A POST OFFICE BOX)		<u> </u>
If amending the registered agent and/or registered office		
ent and/or the new registered office address here:	e address on our records, <u>er</u>	ω N
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street a	ddress
	City	, Florida
	Chy	Dip cour

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the risions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rpt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent



MGR = Manager

MBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
\MBR	ALEJANDRO AMEZQUITA	4566 GRAND LAKESIDE DR. PALM HARBO	R, FL. ■ Add
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			□ Change
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			□Change
	 		□ Add
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			Change



an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 50 days after image). The state of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. SEPTEMBER 18 October 15, 2020 Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00