## 116000213811

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	me)
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I ALBRITTON

## **COVER LETTER**

Div	ision of Cor	porations	r	
SUBJECT:		nts Group LLC		
SUBJECT:	•	Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Sandra Londono		
		<del></del>	Name of Person	
		Money Trust Income Taxe	s	
			Firm/Company	
		12211 SW 132nd Ct		
			Address	<del></del>
		Miami, fl 33186		
		sandra@moneytrustax.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	otification)
For further in	iformation c	oncerning this matter, please ca	all:	
Sandra Lond	ono		305 2512121 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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:

TO:

**Registration Section** 

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 ARTICLES OF ORGANIZATION **OF**

Five Elements Group LLC

10/9. 1/2 / (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con-	npany were filed on Florida	and assigned
Florida document number L16000213811	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company "the designation "LLC"	or the abbreviation "L. L. C."
-	a maximy company, the designation 1990	William Market
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<del></del>
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address		, enter the name of the new
registered agent and/or the new registered office address	ss nere:	
Name of Name Danier and A		
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
<del></del> -	Flo	rida
	•	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent and		
provisions of all statutes relative to the proper and com accept the obligations of my position as registered ager		
being filed to merely reflect a change in the registered d	- · · · · · · · · · · · · · · · · · · ·	-
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>	<u>Address</u>	Type of Action
MGR	Carolina Puerta	10544 NW 26th Street Suite E203 Doral, Fl 33172	<b>■</b> Add
			Remove
			Change
	<del></del>		
			·
			Change
			☐ Remove
			☐ Change
			Remove
			□ Change
			□ Remove
	****	Change	
			Add
			☐ Remove
		<u></u>	Change

(If an effective 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 605.0207 (3)06.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  If the record 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 record is filed.  Dated  Signature of a member or authorized representative of a member	D. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (If an effective 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 605.0207 (3)(1)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  If the record 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 record is filed.  Dated  Signature of a member or authorized representative of a member	_	
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Signature of a member or authorized representative of a member		
	Dated _	730/19
		Signature of a member or authorized representative of a member
("arolina ruerta		Carolina Purta

Page 3 of 3

Filing Fee: \$25.00