

L16000233303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

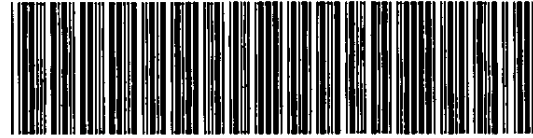
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TALLAHASSEE, FLORIDA

K. SALY
JAN 17 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GROUPSOFTWARE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILIP MAGRI

Name of Person

MAGRI LAW, LLC

Firm/Company

2642 NE 9TH AVE.

Address

WILTON MANORS, FL 33334

City/State and Zip Code

PMAGRI@MAGRILAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILIP MAGRI

954

303-8027

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 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

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152

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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> | <u>Type of Action</u> |
|--------------|-----------------|-------------------------|---|
| MGR | PHILIP MAGRI | 2642 NE 9TH AVE. | <input checked="" type="checkbox"/> Add |
| | | WILTON MANORS, FL 33334 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MARKUS R. ERNST | UNTERRER HARDTHOF 13B | <input checked="" type="checkbox"/> Add |
| | | GIESSEN, DE 35398 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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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.

Dated JANUARY 10, 2017

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

PHILIP MAGRI

Typed or printed name of signee