17000019568

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COVER LETTER

Registration Section Division of Corporations

TO:

cuprezer.		OLS CPA, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	oundence concerning this matter	to the following:	
		MARGGIE R. NICHOLS	
		Name of Person	
		ALTURA GROUP LLC	
		Firm/Company	
	8875 HIDDE	EN RIVER PARKWAY, SUT	TIE 300
		Address	
		TAMPA. FLORIDA 33637	
		City/State and Zip Code	
		GIE@ALTURAGRP.COM	
	E-mail address: (to be used for future annual repo	ort notification)
For further information	concerning this matter, please c	all:	
MARGG	E R. NICHOLS	813 at ()	748-2573
Name	of Person	at () 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	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 65 Tallahassee	Section Corporations 327	The Centre	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 ! 21 PH 7: 20

M.NICHOLS CPA, LLC

(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 Company were filed o	JANUARY 25, 2017	and assigned
Florida document number L17000019568		und ussigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
ALTURA GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,"	'the designation "LLC" or the abbr	eviation "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)		
	<u> </u>	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	er Florida street address	
	Florida	
·		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I company has been notified in writing of this change.	ce of my duties, and I am fa r in Chapter 605, F.S. Or, ij	miliar with and this document is

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>	Address	Type of Action
MGRM	MARGGIE R. NICHOLS	6210 WINDSHIP CT	
		TAMPA, FL 33647	□Remove
			□ Change
MGRM NORMA BERRIOS	NORMA BERRIOS	11809 COUNTRY COVE WAY	= Add
		TAMPA, FL 33635	□Remove
			□Change
			□Adđ
			Remove
		 	□Change
			□Add
			Remove
			Change
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At no Nie Ros.		MAY 18	2020			
Signature of a member or authorized representative of a member	Dated		<u> </u>			
Signature of a member or authorized representative of a member	_	Alma Mil	los.			
		Signatur	e of a member or authorized repre	sentative of a member		

Filing Fee: \$25.00

Typed or printed name of signee