# L17000068598

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly



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SECRETARY OF STATE DIVISION OF CORPORATIONS

M. MILLIGAN
OCT - 6 2017

### **COVER LETTER**

TO: Re	gistration Sect vision of Corp	ion Drations			
SUBJECT:		ers Group LLC			
SUBJECT:		Name of Limit	ed Liability Company		
			•		
The enclose	d Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please retur	n all correspond	dence concerning this matter to	the following:		
		Jephtae Isaac			
			Name of Person		
			Firm/Company		
		1381 SW 1st			
			Address		
		Boca Raton Fl 33486			
		. 1000 00000	City/State and Zip Code		
		jtisaac8@yahoo.com			
		E-mail address; (to	be used for future annual re	port notification)	
For further i	nformation cor	cerning this matter, please cal	l:		
Jephtac Isaa	ıc		561 809-1		
	Name of I	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)	S60.00 Filing Certificate (Certified Contact)  Sed) Certified Contact (Contact Contact	of Status &

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



#### New Registered Agent's Signature, if changing Registered Agent:

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

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

## 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
MGR	Emmanuel Isaac	1381 sw 1st boca raton FL 33486	Add
			□ Remove
			■ Change
		4-17-0	□ Remove
			☐ Change
	·		Add
			_ ☐ Remove
			☐ Change
			□ Add
			🗖 Remove
		<del></del>	Change
			Remove
			Change
			□ Remove
			□ Change

Please change Emmanuel Isaa	ac to Manager for the LLC	
		MARK 1-1 MAR
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fective date, if other than the	date of filing:t be specific and cannot be prior to date of filing or more than 9	(optional)
n effective date is listed, the date must te: If the date inserted in this blo	t be specific and cannot be prior to date of filing or more than 9 ock does not meet the applicable statutory filing require	0 days after filing.) Pursuant to 605.02 ments, this date will not be listed.
cument's effective date on the De	epartment of State's records.	,
		12:01 a.m. on the earlier
record specifies a delayed The 90th day after the reco	l effective date, but not an effective time, at ord is filed.	
record specifies a delayed The 90th day after the reco	l effective date, but not an effective time, at ord is filed.	
The 90th day after the reco	perfective date, but not an effective time, at ord is filed.	
The 90th day after the reco	ord is filed.	
The 90th day after the reco	2017	
The 90th day after the reco	ord is filed.	
The 90th day after the reco	2017	
The 90th day after the reco	2017	DIVISION OF TARREST
The 90th day after the reco	2017  Signature of a member of authorized representative of a mem	DIVISION OCT