

L17000106525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

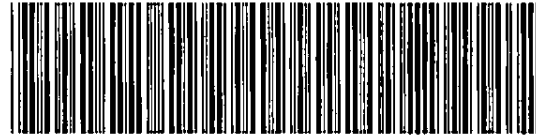
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FL 32301

436 03 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDENTIFY GROUP PTY, LLC - AMENDMENT

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:

JOSE PADIAL

Name of Person

PADIAL HERNANDEZ & ASSOCIATES, LLC

Firm Company

2525 PONCE DE LEON BLVD SUITE 300

Address

CORAL GABLES, FL 33134

City/State and Zip Code

JIPADIAL@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE PADIAL

305

793-0653

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IDENTIFY GROUP PTY, 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 on 5 12 2017 and assigned Florida document number L17000106585.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IDENTIFY GROUP PTY, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

19101 MYSTIC POINTE DR SUITE 700

AVENTURA, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19101 MYSTIC POINTE DR SUITE 700

AVENTURA, FL 33180

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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.

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>	<u>Type of Action</u>
MGR	JOSE I PADIAL	2525 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		STE 300	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	LEON LEVY	19101 MYSTIC POINTE DR	<input checked="" type="checkbox"/> Add
		STE 702	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
AMBR	MARJORIE A MITCHELL	2525 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		STE 300	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: 7/20/2017 (optional)

(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)(b)

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.

(b) The 90th day after the record is filed.

Dated 7 20 2017

Signature of a member or authorized representative of a member

JOSE L. PADIAL

Typed or printed name of signee

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2017 JUL 31 AM 9:59
SHARAD K. SHARMA
ATTORNEY AT LAW