# 1/7000/27260

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SECRETARY OF STATE

דורבט

D. BRUCE

### .. COVER LETTER

Division of Corp	porations				
SUBJECT: Grou	605 LLC				
SUBJECT:		ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Adam M	artinez			
		Name of Person		-	
	Group	605 LLC			
		Firm/Company		-	
	329 Hanging	Moss Circle			
		Address	<del>, , , , , , , , , , , , , , , , , , , </del>	_	
	I L. ZA	FL 32746			
	Lake N	City/State and Zip Code		<del>-</del>	
	Martinez	z - adam @ live.com		2816 SEI	
	E-mail address: (t	to be used for future annual report notific	ation)	7 JUL	71
For further information co	ncerning this matter, please ca	all:		3	
Adam	Martinez	at ( 248 ) 936 -	2736	i	Ш
Name of	Person	at ( 248 ) 936 - Area Code Daytime T	elephone Number	LORI STAT	O
				10 A 60	
Enclosed is a check for the	e 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 Fit Certificat Certified	te of Status &	
				copy is enclosed)	

TO:

**Registration Section** 

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

Group	605	LLC				
(Name of the Limited )	Liability Co Florida Limi	mpany as it nov ted Liability Co	<del>y appears on our 1</del> mpany)	records.)		
The Articles of Organization for this Limited Liabi		any were filed	i on 6/12	2017	and assig	gned
Piorida document number	<u>LGO</u>					
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	<u>e limited l</u>	liability com	oany here:			
The new name must be distinguishable and contain the word	s "Limited L	iability Compan	y," the designation	"LLC" or the a	bbreviation "L.L	.C."
Enter new principal offices address, if applicable	e:			···· •••		
(Principal office address MUST BE A STREET A	ADDRESS	2				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>					
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:		<u>here</u> :	ress on our re	address	THE CRETARY OF STATE THAT IN THE CRETARY OF STATE OR IN THE CRETARY OR IN THE CRETARY OR IN THE CRETARY OR IN THE CRETARY OF STATE OR IN THE CRETARY OR IN T	f the new
-	·	City		_, 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 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>	Address	Type of Action
MGR	Adam Martinez	329 Hanging Moss Circle	Add
		329 Hanging Moss Circle Lake Mary, FL 32746	□ Remove
			Change
	4		□ Add
			Remove
		<del></del>	Change
			Add
		SECRLTA ALLAHA!	□ Remove
		SECRITARY OF STATE FALLAHASSEE, FLORIDA	Add D D D D D D D D D D D D D D D D D D
			Add
			□ Remove
			Change
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Effective date, if other the liften effective date is listed, the Note: If the date inserted in document's effective date of	date must be specific and car in this block does not meet	not be prior to date of the applicable state	filing or more than 90 cutory filing requirement	(optional) days after filing.) Pue ents, this date will	rsuant to 605.0207 not be listed as
ne record specifies a d The 90th day after t		e, but not an eff	ective time, at 1	.2:01 a.m. on	the earlier of
		<b>.</b>			
Dated <u>June</u>	29th 1/	2017			•

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Typed or printed name of signee

Filing Fee: \$25.00