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Division of	Corporations
Fax Number	: (850)617-6383

From:

To:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON Account Number : 120060000135 Phone : (305)789-3200 Fax Number : (305)789-4137

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: jiw@wilson-investments.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 908 GROUP MANAGER LLC Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$55.00

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, ARTICLES OF A	MENDMENT
TC	
ARTICLES OF O	RGANIZATION
OI	7
	_
908 GROUP MANAGER LL	
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 06/21/2017 and assigned
Florida document number L17000135104	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	<u>ity company here</u> :
908 GROUP MANAGER, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
	23
	دین (۲
Enter new mailing address, if applicable:	E.
(Mailing address MAY BE A POST OFFICE BOX)	(J]
Walling utdress MAT DE A TOST OFFICE DONY	2
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B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new register
AROUNDARION MUMBER IVERING ON ONLOU HOUR ON ANTO	
Name of New Registered Agent:	
New Registered Office Address:	
	Enier Florida street address
	Florida

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

Zip Code

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

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<u>Title</u>	Name	Address	Type of Action
MGR	Justin Wilson	2209 E. 7th Avenue, Suite C	🗆 Add
		Tampa, FL, 33605	ERemove
			□Change
AMBR	908 GROUP HOLDINGS, LLC	109 N. BRUSH ST., STE 500	
		TAMPA, FL 33602	Remove
			Change
<u> </u>		🗆 Add	
			🗌 Remove
		DChange	
			□Add
		<u></u>	🗆 Remove
			Change
			⊡Add
			□Remove
			□Change
			🗆 Add
			CRemove
			Change

• • •		
). If amending any other inform	ation, enter change(s) here: (Attach addition	nal sheets, if necessary.)
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E. Effective date, if other than th	he date of filing:	(optional) ore than 90 days after filing.) Pursuant to 605.0207 (3)(
Note: If the date inserted in this	block does not meet the applicable statutory till	g requirements, this date will not be listed as the
document's effective date on the	Department of State's records.	
		- the service of (b) The Odeb day along the
If the record specifies a delayed effect record is filed.	tive date, but not an effective time, at 12:01 a.m.	on the earlier of: (6) The your day and the
May 0	2023	
Dated May 9	, 2023	
11	、	
	Signature of a member or authorized representative	e of a member
Justin Wilson	Dimed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Typed or printed name of signee

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