# 4700177531

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<i>f</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Division of Corp	orations			
SUBJECT:	PTIVA GROO	P, LLC		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	1555 B	AHEN MARTINE Name of Person  APTIVA GROUP Firm/Company  ONA UENTURE  Address  , FL 33326  City/State and Zip Code	BLVD SUITE IC	>19
<b>.</b>		o be used for future annual report notif	ication)	
	ncerning this matter, please ca			
YAHEN M	IRTINEZ	at (454) Daytime	6325	
Name of I	Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	following amount:			
区 \$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)	

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

CAPTIVA GR	OOP, LLC
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) led Liability Company)
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organization for the Articles of Organization for the	
A. If amending name, enter the new name of the limited 1	iability company here:
,	
The new name must be distinguishable and contain the words "Limited L	ability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS	
	<u></u>
	P 200
Enter new mailing address, if applicable:	2 2
(Mailing address MAY BE A POST OFFICE BOX)	20
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	d office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cay .

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>	Name	Address	Type of Action
MER	EDHUNDOT, MARKANO	1337 ST TROPEZ CIR APT # 206	🖸 Add
		WESTON, FL 33326	☑ Remove
			Change
			🗆 Add
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in this	must be specific and cannot	be prior to date of filing or m	ore than 90 days after filing.) g requirements, this date v	Pursuant to 605.0 vill not be listed
document's effective date on the				
he record specifies a dela The 90th day after the i		out not an effective t	ime, at 12:01 a.m. c	n the earlier
Dated 06/21/20	18			
		or authorized representative		

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Filing Fee: \$25.00