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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	TARGARYEN	EC GLOUP ILC	
	Name of Lim	tec GLOUP LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RON HIGG	Name of Person	
		Name of Person	
	TARGARYE	Firm/Company	<u>_</u>
		Firm/Company	
	1496 LA	Address	
		Address	
	DUNEDIN	City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: (OMSN. COMI to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
RON 41661N		at (204) 569 - 47	769
Name o	d Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURT	FR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Targaryen Group 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 09/13/2017 and assigned Florida document number 1.17000190762 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C." or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Randy Ruchlman	1496 Lakeside Drive	
		Dunedin, Florida 34698	☐ Remove
			Change
AMBR Ronald Higgins	Ronald Higgins	34 Ryewood Circle	bbA □
		Homosassa, FL 34446	Remove
			Change
			☐ Remove
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			Remove
			Change

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	C.
	
ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of stee. If the date inserted in this block does not meet the applicable staturument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.020
record specifies a delayed effective date, but not an efform the 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier o
ed 10/31 . 2017 .	
Signature of a member or authorized representation	
Signature of a member or authorized repri	esentative of a member

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Typed or printed name of signee

Filing Fee: \$25.00