117000211889

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





000304811130

10/23/17--01011--007 **25.00

SLACE WAKE OF STATE

117 OCT 23 PK !2: (

K SALY OCT 24 2017

COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	GAAD GRO	OUP, LLC		
SODJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		ADAM PREXE		
			Name of Person	
			Firm/Company	 _
		7000 NW 94th TER		
			Address	
		TAMARAC, FL 33321		
		ADAMP@GRUPOPRX.CO	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi-	cation)
For further	information co	oncerning this matter, please ca	all:	
ADAM PR	EXL		954 636-1326 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	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 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



GAAD GROUP, LLC

(Name of the Limited (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number L17000211889	oility Company were filed on 10/12/2017	and assigned
This amendment is submitted to amend the follow	ning:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	""LEC" or the abbreviation" L.E.C."
Enter new principal offices address, if applicab	łe:	
(Principal office address MUST BE A STREET	ADDRESS)	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our re e address here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	Zıp 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 PREXI.	7000 NW 94TH TER	
		TAMARAC, FL33321	
			□ Remove
			Addic
			Add
			Remova
			Change N
			Change 2
			□ Remove
			Change
			D Add
			☐ Remove
			Change
			
			□ Remove
			□ Change
			
			□ Remove
		.=	□ Change

				و
				9/
				100 23 VIII
	· · · · · · · · · · · · · · · · · · ·			
				25
				;
	 			
	·			
anding data to all the district of the state				
ective date, if other than the date of filing: effective date is listed, the date must be specific and ca	annot be prior to date	of filing or more than 90 da	(optional) ys after filing.) Pursuant	ю 605,02 07 (3
te: If the date inserted in this block does not med ument's effective date on the Department of Sta	et the applicable sta te's records.	stutory filing requiremen	ts, this date will not b	be listed as th
record specifies a delayed effective dat he 90th day after the record is filed.	te, but not an e	effective time, at 12	:01 a.m. on the	earlier of:
OCTOBER 20	2017			
<u> </u>	l-deli			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00