

L17000220163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2020 SEP 24 PM 12:28

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D. BRUCE
NOV 01 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLIED VENTURES GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL W. MALARNEY

Name of Person

MICHAEL W. MALARNEY, P.A.

Firm/Company

8928 BURROWING OWL CT.

Address

NAPLES, FL 34120

City/State and Zip Code

MALARNEYPA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL W. MALARNEY

at (585) 764.7680

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
TALLAHASSEE, FL

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F-17-D

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALLIED VENTURES 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 10/24/2017 and assigned
Florida document number 1.17000220163.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALLIED VENTURES GROUP, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

6017 PINE RIDGE ROAD

SUITE 341

NAPLES, FL 34119

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:

MICHAEL W. MALARNEY

New Registered Office Address:

8928 BURROWING OWL CT.

Enter Florida street address

NAPLES

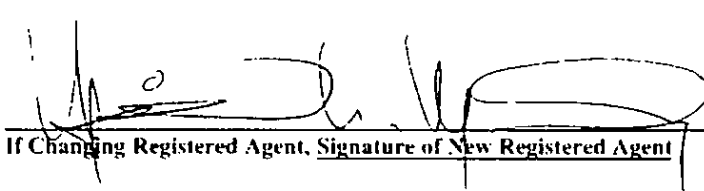
City

Florida

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TALLAHASSEE, FL
32301
CLERK OF CIRCUIT COURT

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

Title	Name	Address	Type of Action
MGR	KENITH P. BROWN II	4450 CHIKEE CT., UNIT 302, BONITA SPRINGS, F	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KENNITH BROWN	521 94TH AVE. N., NAPLES, FL 34108	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	QUINN MacGLASHAN	5303 STREAMSIDE TRAIL, FULCHEAR, TX 77441	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARK MARAN	615 SOLIEL DR., NAPLES, FL 34110	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHNATHAN HIBBARD	6017 PINE RIDGE ROAD, #341, NAPLES, FL 34115	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECURITY COMMAND

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

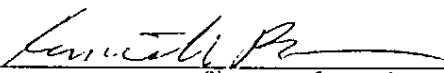
[This section contains horizontal lines for amendments, which are crossed out by a diagonal line.]

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SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: SEPTEMBER 22, 2020 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 22, 2020


Signature of a member or authorized representative of a member

KENNETH BROWN
Typed or printed name of signee