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| Special Instructions to Filing | Officer:               |
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## **COVER LETTER**

| TO:      | Registration Sec<br>Division of Corp |                                 |  |                                    |   |
|----------|--------------------------------------|---------------------------------|--|------------------------------------|---|
|          | 320 RESOU                            | TRCE GROUP LLC                  | •  |                                    |   |
| SUBJE    | CCT:                                 | Name of Lin                     | ited Liability Company                                       |                                    | <del></del>   |
|          |                                      |                                 |  |                                    |   |
| The end  | closed Articles of a                 | Amendment and fee(s) are sub    | mitted for filing.   |                                    |   |
| Please   | return all correspoi                 | ndence concerning this matter   | to the following:  |                                    |   |
|          |                                      |                                 | EVVIE S FASHAV   | w'                                 |   |
|          |                                      |                                 | Name of Person   |                                    | 7.1   |
|          |                                      | 3                               | 20 RESOURCE GROU   | JP LLC                             |   |
|          |                                      |                                 | Firm/Company   | <u> </u>                           |   |
|          |                                      |                                 | 322 SW 6 AVENU   | JE                                 |   |
|          |                                      |                                 | Address  |                                    |   |
|          |                                      | ľ                               | DELRAY BEACH FL  | 33444                              |   |
|          |                                      | <del></del>                     | City/State and Zip Coc                                       | le                                 |   |
|          |                                      | E-mail address: (               | to be used for future annu                                   | al report notificatio              | n)  |
| For furt | her information co                   | oncerning this matter, please c |  | •                                  | ,   |
| EVV      | IE S FASHAW                          |                                 | 561  | 789-3741                           |   |
|          | Name of                              | Person                          | at () _<br>Area Code   | Daytime Tele                       | phone Number  |
| Enclose  | ed is a check for the                | e following amount:             |  |                                    |   |
|          | 5.00 Filing Fee                      | □ \$30.00 Filing Fee &          | Ess no piling the  | . P.                               | □ •40 00 mil p  |
| <u> </u> | on Thing I cc                        | Certificate of Status           | \$55.00 Filing Fe<br>Certified Copy<br>(additional copy is t |                                    | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|          |                                      |                                 |  |                                    |   |
|          | Mailing Address Registration S       |                                 |  | <u>Address:</u><br>tration Section |   |
|          | Division of Co                       | orporations                     | Divisi   | ion of Corpora                     | tions   |
|          | P.O. Box 6327                        | /                               | The C  | Centre of Tallah                   | iassee  |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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|  | RESOURCE GROUP LLC  |   |
|--|---|---|
| ( <u>Name of the Limited Liat</u><br>(A Flor   | bility Company as it now appears on rida Limited Liability Company)                                 | OUT THE TALLAHASSEE, FL   |
| The Articles of Organization for this Limited Liability Florida document number 1.17000226588  |   | -2017 and assigned  |
| This amendment is submitted to amend the following:  | :   |   |
| A. If amending name, enter the new name of the li  | mited liability company here:   |   |
| The new name must be distinguishable and contain the words "I  | imited Liability Company," the design   | ation "LLC" or the abbreviation "L.L.C."                                    |
| Enter new principal offices address, if applicable:  | <u></u>   |   |
| (Principal office address MUST BE A STREET ADI   |   |   |
|  |   | <u></u>   |
|  |   |   |
| Enter new mailing address, if applicable:  |   |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | <u></u>   |
|  |   |   |
| D. If amonding the marine and arrange and arrange and arrange and arrange and arrange  | 1 5°° 11  |   |
| B. If amending the registered agent and/or register<br>agent and/or the new registered office address here   | red office address on our recor<br>g:   | ds, enter the name of the new registe                                       |
|  | •   |   |
| Name of New Registered Agent:  | <del>-</del> <u>-</u>   |   |
| New Registered Office Address:   |   |   |
| The Wind State of Manager State of Manag | Enter Florida st  | reet address  |
|  |   | , Florida   |
|  | City  | Zip Code  |
| New Registered Agent's Signature, if changing Registe  | red Agent:  |   |
| I hereby accept the appointment as registered agen<br>provisions of all statutes relative to the proper and<br>accept the obligations of my position as registered<br>being filed to merely reflect a change in the registe<br>company has been notified in writing of this chang  | l complete performance of my a<br>agent as provided for in Chap<br>cred office address, I hereby co | luties, and I am familiar with and<br>ter 605, F.S. Or, if this document is |

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 |
|--------------|----------------------|---|----------------|
| MGR          | FASHAW, EVVIE S      | 322 SW 6 AVENUE, DELRAY BEACH, FL 33444 | □Add           |
|              |                      |   | □Remove        |
|              |                      |   | Change         |
| AMBR         | FASHAW, GREGORY L DR | 322 SW 6 AVENUE, DELRAY BEACH, FL 33444 | □Add           |
|              |                      |   | □Remove        |
|              |                      |   | 🖺 Change       |
| MGR          | FASHAW, SHEKINAH     | 322 SW 6 AVENUE. DELRAY BEACH, FL 33444 | □Add           |
|              |                      | <del></del>                             | ■Remove        |
|              |                      |   | □Change        |
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| Note:                      | ve date, if other (<br>ective date is listed, th<br>If the date inserted<br>ent's effective date | in this block does  | not meet the   | e applicable s  | of filing or mor<br>atutory filing | e than 90 days af<br>requirements, t | tionary<br>ter filing.) Pursuar<br>his date will not | nt to 605.0207<br>be listed as |
| <b>. . . . . . . . . .</b> | d specifies a delayeded.   | d effective date, b | ut not an effe | ective time, at | 12:01 a.m. or                      | the earlier of:                      | (b) The 90th d                                       | ay after the                   |
|                            |  |                     | 2020           | )               |                                    |                                      |  |                                |
| d is file                  | JULY 24  |                     | _ ,            | • .             |                                    |                                      |  |                                |
| d is file                  | JULY 24  |                     |                | Kli             | OSA C                              | <u>en</u>                            |  |                                |

Filing Fee: \$25.00