L17000226588

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

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COVER LETTER

TO: Registration So Division of Cor					
320 RESOU	JRCE GROUP, LLC	•	·		
SUBJECT:	Name of Limi	ited Liability Company	 		
	Amendment and fee(s) are sub-	-			
Please return all correspo	ondence concerning this matter	to the following:			
	EVVIE'S, FASHAW				
		Name of Person			
	320 RESOURCE GROUP	LLC			
		Firm/Company			
	322 SW 6 AVENUE				
		Address			
	DELRAY BEACH, FLOR	IDA 33444			
	FASHAWS@YAHOO.COM	City/State and Zip Code			
	_	to be used for future annual report notific	ation)		
For further information c	oncerning this matter, please ca	all:			يىم د . •
EVVIE FASHAW		561 789-3741			
Name o	f Person		Felephone Number		·
Enclosed is a check for the	ne following amount:			A II:	コフ
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status				
Mailing Addres Registration S		Street Address: Registration Sect	ion		

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

320 R	ESOURCE GROUP, LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Colorida document number 1.17000226588	Company were filed on 11/01/2017	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
		<u> </u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		621
3. If amending the registered agent and/or registered	d office address on our records, <u>enter the</u> i	name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		D
Name of New Neglistered Agent.		= =
New Registered Office Address:	Enter Florida street address	2
	, Florida	Zip Code
	Cuy	Alp 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
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			□Remove
			Change
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Effective date, if ot f an effective date is list	her than the o	iate of filin be specific and	g:	or to date of	filing or more t		tional) er filing.) Pursu	ant to 605.0207
Note: If the date inso	erted in this blo-	ck does not i	neet the appl	licable statu	tory filing re	quirements, tl	ris date will no	ot be listed as
document's effective	date on the De	partment of S	State's record	is.				
record specifies a dord is filed.	elayed effective	date, but not	t an effective	time, at 12	:01 a.m. on ti	he earlier of:	(b) The 90th	day after the
HINTE O			2021					
Dated			. 2021	· ·				
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Typed or printed name of signee