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J. HARRIS

2011 NOV 27 PH 5528 NOV 27 THE FEE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The March Group Investments 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:
Name of Person
Firm/Company
361 Largo Cay Ct # 101
OCUEL, FI 34761 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony J. March at (HOT) 545-0166 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\frac{1}{12}\$\$30.00 Filing Fee \$\frac{1}{12}\$\$55.00 Filing Fee \$\frac{1}{12}\$\$ Certificate of Status \$\frac{1}{12}\$\$ 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

(Name of the Limited Liability Compan (A Florida Limited Li	UNP INVESTIGATION OF THE STATE	our records.)	<u>C</u> _	
The Articles of Organization for this Limited Liability Company vi Florida document number 1100235046.	vere filed on <u>N</u> U	Vcm/21 14, 2019	and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liability	Group LL	nation "LI.C" or the abbre	viation "	IIC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				_
		<u> </u>	종	<u>i</u> .
		• • •	F.3	; ·
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			<u>C:</u>	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		ir records, <u>enter th</u>	ie name	e of the ne
New Registered Office Address:				
Now registered Office Hagaess.	Enter Florida	street address		
	, Florida			
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Cod	e
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as public to merely reflect a change in the registered office of	performance of my covided for in Cha	duties, and I am far pter 605, F.S. Or, if	niliar w this do	ith and cument is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Chapge
			Add
			Remove
			- Change
			Remove
			☐ Change

	
	
	
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ffective date, if other than the date of filing: (o an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a	ptional) after filing.) Pursuant to 605.02
<u>lote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, ocument's effective date on the Department of State's records.	this date will not be listed a
•	
e record specifies a delayed effective date, but not an effective time, at 12:0)1 a.m. on the earlier
The 90th day after the record is filed.	
Navember on 2017	
pated November 20, 2017	7 - /A. SOM
Signature of a member or authorized representative of a member	
1 - Ceo 10 1 - Ceo 10 1	<u> </u>
Signature of a member or authorized representative of a member	
_	
Voletie T. March	
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Page 3 of 3

Filing Fee: \$25.00