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COVER LETTER

	gistration Sec vision of Corp						
SHRIDGE		GROUP LLC					
SUBJECT	SUBJECT:Name of Limited Liability Company						
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspor	ndence concerning this matter	to the following:				
		SHARA JENKINS					
			Name of Person				
			Firm/Company				
		362 GULF BREEZE PKWY SUITE 251					
		Address					
		GULF BREEZE, FL 3256	1				
	City/State and Zip Code						
	sharawjenkins@gmail.com E-mail address: (to be used for future annual report notification)						
For further	information co	ncerning this matter, please ca	·	icanott)			
SHARA JE	NKINS		850 270-6188				
	Name of	Person	Area Code Daytimo	: Telephone Number			
Enclosed is	a check for the	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, Ft. 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

DULUNA 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 FEB 8, 2018 and assigned Florida document number L18000036379 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DELUNA 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) 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: New Registered Office Address: Enter Florida street address

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.

City

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
			Remove
			☐ Change
	 		
			☐ Remove
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Filing Fee: \$25.00