## L18000058371

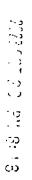
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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO:

TO: Registration 5 Division of Co			*		
Sovall Ma	magement Group, LLC	4,	` <b>,</b>		
SUBJECT:	Name of Limited Liability Company				
		the Longit			
	f Amendment and fec(s) are sub				
Please return all corresp	ondence concerning this matter	to the following:			
	Ilkania Lopez				
		Name of Person			
	Sovall r	Jaha general Firm/Company	G-rouf, LCC.		
	8802 Finsen St				
		Address			
	ORLANDO, FL 32827				
		City/State and Zip Code	<del></del>		
	lopezilkania@gmail.com		· · · · · · · · · · · · · · · · · · ·		
		to be used for future annual report notif	(cation)		
For further information	concerning this matter, please co	all:			
Ilkania Lopez		305 742-3444 at ()			
Name	of Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for	the 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 Addr		Street Address: Registration Sec	rtion		
Registration Section Division of Corporations		<del>-</del>	Division of Corporations		

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L18000058371}{L18000058371}$	y were filed on <u>03/06/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		73
		, ) -l
		(3)
Enter new mailing address, if applicable:		- <del>0</del>
Mailing address MAY BE A POST OFFICE BOX)		ငှာ
Printing Reserved Maria De 711 Obs Or 1 1 Cts 1703.		CD.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. enter th	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip 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
MGR	Arnaldo Lopez-Roman	8802 Finsen St, Orlando, FL 32827	
		<del></del>	<b>≡</b> Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			Remove
			□ Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (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. Signature of a member or authorized tepresentative of a member Ilkania Lopez

THE E CARD

Typed or printed name of signee