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SCORPTARY OF STATE DIVISION OF CORPORATIONS

M MILLIGAN APR 26 2018

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	OBP Inust	ment Group LLC nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Bill HA	112	
	0	Name of Person A Agents IUC Firm/Company	
	<u>Kege ste rec</u>	Haints INC	·
	3030 N.	Rocky Binte Drive	5tr.150A
	Tampa, Fl	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Bell	HAVE	at (813) 575 Area Code Daytime	-//6/
Name	of Person	Area Code Daytime	e 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 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



051 3	Mustiment Grove LLC
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	ility Company were filed on $\frac{4/5/18}{}$ and assigned
This amendment is submitted to amend the follow	ad to amend the following: er the new name of the limited liability company here: hable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." s address, if applicable: UST BE A STREET ADDRESS) s, if applicable: A POST OFFICE BOX) stered agent and/or registered office address on our records, enter the name of the new e new registered office address here: istered Agent:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal Affice address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	, Florida

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:

<u>Title</u>	Name	Address	Type of Action
AMBR	Damion Edwards	3030 A. Rocky Point Dr. St. 19	DA MAdd
		3030 1. Rocky Point Dr. 3/219 TAMPA, FC 33607	□ Remove
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te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.	•							
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier file 90th day after the record is filed. Applicable 12:018 Signature of a member or authorized representative of a member								
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Filing Fee: \$25.00