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(Re	equestor's Name)	
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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor			
CUD IE/		TION GROUP LLC		
SUBJEC	∍I: <u></u>	Name of Lim	ited Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		ADELE JOCELYN		
			Name of Person	
		INTERACTION GROUP	LLC	
		<del></del>	Firm/Company	<del>=====</del>
		17041 PEACEFUL VALL	EY DR	
			Address	<del></del>
		WIMAUMA FL 33598		
			City/State and Zip Code	
		interactiongroupllc@gmail.		
		E-mail address: (	to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please co	all:	
ADELE	JOCELYN		305 747-9129 at ( )	
	Name of	f Person		ne Telephone Number
Enclosed	I is a check for th	ne following amount:		
<b>■</b> \$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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632	7	The Centre of 1	Γallahassee
	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERACTION 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 L	iability Company wer	e filed on May 9, 2018	が発素 子 口 温量 and assigned
Florida document number L18000116068	·		08
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability	company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability C	ompany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address	• 7	ress on our records, <u>e</u>	enter the name of the new registered
Name of New Registered Agent:	Adele Jocelyn		
New Registered Office Address:	1 <b>7</b> 041 PEACEFUL	VALLEY DR	
		Enter Florida street d	address
	WIMAUMA		_, Florida
		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>	Name	Address	Type of Action
MGR	ADELE JOCELYN	17041 Peaceful valley DR Wimauma FL 33598	■Add
			□ Remove
			□Change
MGR	WADNERSON BOILEAU		□Add
		17041 Peaceful valley DR Wimauma Fl. 33598	\ Remove
			Change
			🗆 Add
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Effecti	ve date, if other than the date of filing:
(If an effe Note:	ctive 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	ent's effective date on the Department of State's records.
	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
ord is file	
	August 3rd, 2020.
Dated_	<u>August 3</u> , <u>2020</u> .
	1 l. l. Mag. l
	\ Signature of a member or authorized representative of a member
	, organism of a memory of authorized for a memory
	Adele Jocelyn

Filing Fee: \$25.00