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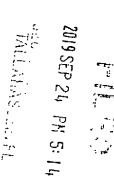
	(Requestor's Name)
	(Address)
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1	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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	(Document Number)
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COVER LETTER

SUBJECT:	FOSOBA GROUP, I	LLC	
Sobare 1.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANTONIO GONZALEZ		
		Name of Person	
	GONZALEZ & ASSOCIA	ATES III PA	
		Firm/Company	
	1820 N CORPORATE LA	KES BLVD STE 204	
		Address	
	WESTON, FL 33326		
		City/State and Zip Code	
	AGONZALEZ@AMEFIN	ANCIALGROUP.COM	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
		at ()	
Name (of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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

Registration Section Division of Corporations

TO:

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

<u></u>	FOSOBA GROU				
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears o Liability Company)	n our records.)		
The Articles of Organization for this Limited Florida document numberL18000130740	Liability Compan	y were filed on 05/24.	/2018	and ass	igned
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lial	bility company here:	:		
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	unation "LLC" or the abl	previation "I	
Enter new principal offices address, if appl			E RD WESTON, FL		
(Principal office address MUST BE A STRE	ET ADDRESS)	_		•	
		1054 TIMBERI INC	E RD WESTON, FL	7 1 5 SE) = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:		- THE VEHICLE IN	E RD WESTON, FE	<u> </u>	
Mailing address MAY BE A POST OFFICE	E BOX)			<u> </u>	
			<u></u> -	·	<u> </u>
				Ų	1
 If amending the registered agent and registered agent and/or the new registered or 	l/or registered o office address her	ffice address on ou	ir records, <u>enter</u> 1	the name-	<u>of</u> the <u>new</u>
	THE Add (33 He)	<u>c</u> .		•	
Name of New Registered Agent:	GONZALEZ &	& ASSOCIATES III PA	1		
New Registered Office Address:	1820 N CORP	ORATE LAKES BLVI	O STE 204		
		Enter Florida s	street address		
	WESTON	_ .	Florida _ ³³³	26	
		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.

Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

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
AMBR	ERIKA HERNANI	1954 TIMBERLINE RD WESTON FL 33327	
			■ Add
			Remove
			Change
			\ Add
			☐ Remove
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Providence distance (Providence at	al La cons			
ffective date, if other than an effective date is listed, the date ote: If the date inserted in thi beament's effective date on the	s block does not meet the	e applicable statutory i	or more than 90 days after iling requirements, this	nal) iling) Pursuant to 605.0207 date will not be listed as
record specifies a delar The 90th day after the r	/ed effective date, hecord is filed.	out not an effectiv	e time, at 12:01 a.	m. on the earlier of
SEPTEMBER 17	2019	9 /7 /	7	
		1-1-1	,	
		15 / 1/		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00