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COVER LETTER

TO: Registration Section

Division of Corp	orations		
	ANSFORMATION GROUP	. L.L.C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Name of Person	
	RESIDENT AGENT, LLC		
RESIDENT AGENT, LLC Firm/Company 7:901 sTH, ST, N, STE #300 Address ST, PETERSBERG, FL 33702 City State and Zip Code info@residentagent.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IOANINA GUILPORD Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate Opy Certified Copy			
	ERINGE TRANSFORMATION GROUP, LLC Name of Limited Liability Company		
	ST. PETERSBERG, FL 3		
	info(@residentscent net	City State and Zip Code	
		to be used for future annual report no	tification)
For further information col	ncerning this matter, please c	all:	
IOANINA GUILFORD			
Name of l	Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	following amount:		
	■ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
			d
-		_	
P.O. Box 6327		The Centre of	Tallahassee
Tallahassee, Fl	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRINGE TRANSFORMATION GROUP, LLC

2000 121 PM 6:01

(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 Florida document number $\frac{1.18000147260}{}$.	were filed on 06/14/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	htty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1856 JAINIC LOOP
(Principal office address MUST BE A STREET ADDRESS)	APOPKA, Ft. 32712
Enter new mailing address, if applicable:	1856 JAINIC LOOP
(Mailing address MAY BE A POST OFFICE BOX)	APOPKA, FL 32712
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida sireet address
	Florida
	City Zip Code

New Registered Agent's Signature, it 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	IOANINA GUILFORD	1856 JAINIC LOOP	□Add
		APOPKA, FL 32712	□Remove
			■ Change
AMBR KATH	KATHRYN HARNESS	581 NORTH PARK AVE	□Add
		NUMBER 729	■Remove
		APOPKA, FL 32704	□Change
			□Add
			□Remove
			Change
	_		
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			□ Remove
			□ Change

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fective date, if other than th	e date of filing:	:		_ (optio	nal)	
m effective date is listed, the date mote: If the date inserted in this b						
cument's effective date on the l			e statutory ming	equirements, mis	uate will not be fistee	i as u
ecord specifies a delayed effecti	ve date, but not a	in effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after t	the
is filed.						
. MAY 18		2020				
ited	·					
1. m	. I. Will	u l 1 4	_			
	レンロー カノハイ		ed representative o			

Typed or printed name of signee