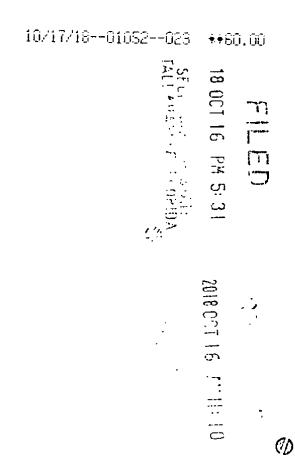
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COVER LETTER

Registration Section Division of Corporations

ECT: CORE Group Right Partners, LLC Name of Limited Liability Company
nclosed Articles of Amendment and fee(s) are submitted for filing.
e return all correspondence concerning this matter to the following:
Sarah M. Geltz esa. Name of Person
The Kendrick Law Group
1030 N. WYMDRE Rel Ste 370
Martland Fl 32751 dity/State and Zip Code
E-mail address: (to be used for future annual report notification)
orther information concerning this matter, please call:
Area Code Daytime Telephone Number
sed is a check for the following amount:
25.00 Filing Fee Solution Solution Status Solution Status Solution Solution Status Solution Status Solution Solution Solution Status Solution

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**

Core Group Ruflyal Pay In (Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.) ity Company)
articles of Organization for this Limited Liability Company were a document number <u>LIBDOD</u> 9271B.	e filed on 8 13 2016 and assigned
unendment is submitted to amend the following:	
amending name, enter the new name of the limited liability	company here:
w name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
new principal offices address, if applicable:	0
cipal office address MUST BE A STREET ADDRESS)	01
new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX)	F 5: 3
amending the registered agent and/or registered office ered agent and/or the new registered office address here:	address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
rew registered Office reduces.	77 . 774
Negistered Office Address.	Enter Florida street address
	, Florida

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is z filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

nending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> emoved from our records:

R = Manager

BR = Authorized Member

Name	Address	Type of Action
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Filing Fee: \$25.00