

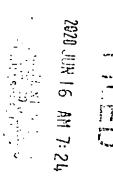
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JUL 2 5 2020 S. YOUNG

## **COVER LETTER**

TO:	Registration S Division of Co					
cun in	77.83	Group, LLC				
SUBJEC	JI;	Name of Lim	ited Liability Company			
The anal	west Vetialis at	f Amendment and fee(s) are sub	mitted for filing			
		ondence concerning this matter				
		Diego N. Verzino				
			Name of Person			
		New Gen Group LLC				
		<del></del>	Firm/Company			
		10518 NW 27TH AVE				
		<del></del>	Address			
		MIAMI, FL 33147				
			City/State and Zip Code			
		E-mail address: (	to be used for future annual report n	otification)		
For furth	ner information	concerning this matter, please c	all:			
Diego N	. Verzino		305 514-0985			
	Name	of Person	Area Code Days	ime Telephone Number		
Enclosed	f is a check for	the 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Section				
	_	Corporations	Division of C	Division of Corporations The Centre of Tallahassee		
	Tallahassee,			roe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Gen 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 Liability Company were filed on  $\frac{8/14/18}{}$ Florida document number \_\_\_\_\_L18000194346 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 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
AR	Daniela Fernanda Albajari	10518 NW 27TH AVE	<b>=</b> Add
		MIAMI, FL 33147	
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<ul> <li>Note: If the date inser</li> </ul>	er than the date of filing; , the date must be specific and c ed in this block does not me ate on the Department of St	eet the applicable s	of tiling or more than 90 tatutory filing requires	(optional) Days after filing.) Pursuant to nents, this date will not be	605.0207 (3 listed as th
he record specifies a dele ord is filed.	yed effective date, but not a	un effective time, at	12:01 a.m. on the ear	lier of: (b) The 90th day	after the
Dated June 12	····································	2020	// . /		
<u> </u>	(		46		
	Signature of a me	ember of authorized	representative of a mem	эег	-

Filing Fee: \$25.00