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S. YOUNG

COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

	Registration : Division of C					
SUBJEC	1570 Gro					
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lir	nited Liability Company			
The enclo	osed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please ret	turn all corresp	oondence concerning this matter	to the following:			
		James M Schiff, Esquire				
			Name of Person			
		James M. Schiff, P.A.		,	E// 78	
			Firm/Company			-17
		9130 South Dadeland Blvd	, ,		7 26 TANY O	
		<u> </u>	Address		그 그 골	
		Miami, FL 33156			PH 6:51	
		jim@jmschifflaw.com	City/State and Zip Code		> > - €	
		E-mail address: (to be used for future annual report notif	ication)		
For furthe	r information	concerning this matter, please c	all:			
James M	Schiff		305 670-5599 at ()			
	Name (of Person	Area Code Daytime	Telephone Number		
Enclosed i	is a check for t	the following amount:				
\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	Regist	JING ADDRESS: ration Section on of Corporations	STREET/COURII Registration Section Division of Corpora	1		

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1570 Group, LLC

iny as it now appears on (Liability Company)	our records.)	
were filed on October	18, 2018	and assigned
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performance of my d provided for in Chapt	luties, and I am j	familiar with and if this document is
	ility company here: lity Company," the designation of the designation	fice address on our records, enteres: Enter Florida street address , Florida

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 **Title** Name **Address Type of Action** _□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change 쯍 □ Remova 三 Sin Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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	November 23, 2018	
. Effect		(optional)
(If an ef	tive date, if other than the date of filing: [Rective date is listed, the date must be specific and cannot be prior to date of filing or more to the date in this black does not must the applicable statutors filing or more to the date of the specific and cannot be prior to date of filing or more to the date of the specific and cannot be prior to date of filing or more to the date of the specific and cannot be prior to date of filing or more to the specific and cannot be prior to date of filing or more to the specific and cannot be prior to date of filing or more to the specific and cannot be prior to date of filing or more to the specific and cannot be prior to date of filing or more to the specific and cannot be prior to date of filing or more to the specific and cannot be prior to date of filing or more to the specific and cannot be prior to date of filing or more to the specific and cannot be prior to date of filing or more to the specific and cannot be prior to date of filing or more to the specific and cannot be prior to date of filing or more to the specific and cannot be prior to date of filing or more to the specific and cannot be prior to date of filing or more to the specific and cannot be prior to date of filing or more to the specific and the specific and cannot be prior to date of filing or more to the specific and	than 90 days after filing.) Pursuant to 605.0207 (3
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	November 27, 2018	
Dated	November 23, 2018	
	\sim \sim \sim \sim \sim	
	Signature of a pember or authorized representative of a	member
	Signature of a demost of authorized representative of a	
	James M. Schiff, authorized representative	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00