118000248097

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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		dings Group, LLC		
SUBJEC				
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Evelina Licul		
			Name of Person	
		147 Brittany Ln	Firm/Company	
		Palm Coast, Fl 32137	Address	
		dispatch@corilexfl.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further	er information co	oncerning this matter, please co	all:	
Evelina I			at () 627-8212 Area Code Daytime	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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 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**

FILED

2018 DEC -7 PM 2:35

		SCOULISKY THE STATE
(Name of the Limited (A	Liability Company as it now appears on our rec V Florida Limited Liability Company)	ords. MALLAHASSEE, FL
The Articles of Organization for this Limited Liab	bility Company were filed on 10/22/2018	and assigned
Florida document number L18000248097		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi	or registered office address on our rec ice address here:	ords, enter the name of the n
B. If amending the registered agent and/oregistered agent and/or the new registered offi	or registered office address on our reco ice address here:	ords, enter the name of the n
registered agent and/or the new registered offi	ice address here:	
	ice address here: Enter Florida street ad	

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 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	<u>Name</u>	<u>Address</u>	Type of Action
P, V	Moreno Licul	147 Brittany Lane, Palm Coast, Fl 32137	
			■ Remove
			☐ Change
S. T	Evelina Licul	147 BrittanLane, Palm Coast , FI 32137	
			■ Remove
			Change
MGR	Morene Licul	147 Brittany Lane, Palm Coast. Fl 32137	Add
			☐ Remove
			Change
MGR	Evelina Licul	147 Brittany Lanc, Palm Coast, Fl 32137	Add
			Remove
			☐ Change
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		11/01/2018			
Effective date, if other (If an effective date is listed, the Note: If the date inserted document's effective date.)	d in this block does r	not meet the applica	o date of filing or more the ble statutory filing rec	(optional) nan 90 days after filing.) Pursua puirements, this date will no	ant to 605.0207 (of be listed as th
the record specifies a) The 90th day after			an effective time	., at 12:01 a.m. on th	e earlier of:
December 04 Dated		2018			
2	7.1.	· [rized representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00