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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The NyZuri Group UC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Anarica Harding-Burgess	
The Nyzuri Group, LLC	
2842 Mayflower Loop Address	
Clermont FL, 34714 City/State and Zip Code	25
E-mail address: (40 be used for future annual report notification)	MAC 6102
For further information concerning this matter, please call:	1
Anarica Harding - Burges at (860) 768-2818 Name of Person Daytime Telephone Number	PH T
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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

(Name of the Limited Liability Compan	Group, LLC Ly as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company of Florida document number	• • •	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	- NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	WA	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	· 	the name of the new
Name of New Registered Agent: New Registered Office Address:	NA	
New Registered Agent's Signature, if changing Registered Agent:	Enter Floridalstreel address, Florida City	Zip Code

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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Shawn Burgess	2842 Mayflower loop Clermont FL, 34714	D Add
	V	Clermont FL, 34714	Remove
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Filing Fee: \$25.00