

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L19000016891

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000225788 3)))



H220002257883ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : Vcorp Services, LLC
 Account Number : 120080000067
 Phone : (845) 425-0077
 Fax Number : (845) 618-3586

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 JUL -1 PM 10:56

2022 JUL -1 PM 4:44

APPROVED
AND
FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2GROUP 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 01/15/2019 and assigned
Florida document number L19000016891.

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 "LLC."

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:

BMD ORL SERVICE LLC

New Registered Office Address:

255 SOUTH ORANGE AVENUE, SUITE 700

Enter Florida street address

ORLANDO

City

Florida 32801

Zip Code

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.

[Signature]
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	OSCAR BOLANOS	8531 BOCA RIO DRIVE	<input type="checkbox"/> Add
		MIAMI, FL 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	NATHALY RODRIGUEZ	16448 SW TERRANCE	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	NATHALY RODRIGUEZ	4825 Northwest 72nd Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33166 ES	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SM	OSCAR BOLANOS	4825 Northwest 72nd Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33166 ES	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA JARAMILLO	4825 Northwest 72nd Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33166 ES	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HAROLD MOSQUERA	4825 Northwest 72nd Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33166 ES	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NONE

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 30 2022



Signature of a member or authorized representative of a member.

ROBERT Q. LEE, authorized representative of members

Typed or printed name of signee

Filing Fee: \$25.00