

LI9000017289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

The Ego Group, LLC BY EGO

SUBJECT: _____
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:

Jeff Marcellus

Name of Person

THE EGO GROUP, LLC BY EGO

Firm/Company

1250 E Hallandale Beach Blvd, ste 607

Address

Hallandale Beach, FL 33009

City/State and Zip Code

P.T.L. ENTERPRISE20@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Marcellus

786 868-9978

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE EGO GROUP, LLC BY EGO

(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 L19000017289.

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 "L.L.C." or the abbreviation "L.L.C."

1250 E Hallandale Beach Blvd, ste 607, Hallandale Beach, FL 33009

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1250 E Hallandale Beach Blvd, ste 607, Hallandale Beach, FL 33009

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:

Jeff Marcellus

New Registered Office Address:

1250 E Hallandale Beach Blvd, ste 607

Enter Florida street address

Hallandale Beach

Florida

33009

City

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.


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>
VP	Brittany Corbett-Madison	1250 E Hallandale Beach Blvd, Ste 607, Hallandale Beach, FL 33009	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jeff Marcellus	1250 E Hallandale Beach Blvd, Ste 607, Hallandale Beach, FL 33009	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ego Ferguson	1250 E Hallandale Beach Blvd, Ste 607, Hallandale Beach, FL 33009	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF STATE
HALLANDALE BEACH, FL

2020 OCT -5 PM 5:58
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

FILED
2023 OCT -5 PM 5:58
CLERK OF DISTRICT COURT
JACKSONVILLE, FL.

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated _____

Brittany Coaklett
Signature of a member or author

Brittany Corbett-Madison

Typed or printed name of signee