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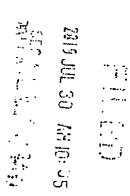
(Re	questor's Name)	
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COVER LETTER

TO: Registration S Division of Co			
2107 Grou	p. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	James M. Schiff		
	James M. Schiff, P.A.	Name of Person	
		Firm/Company	
	9130 South Dadeland Blvd	l. Suite 2000	
		Address	
	Miami, FL 33156		
	jim@jmschitflaw.com	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information of	concerning this matter, please co	all:	
James M. Schiff		305 670-5599	
Name (of Person	at () Aren Code Daytime '	Felephone Number
Enclosed is a check for t	he 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIE Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2107 Group, LDC		
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our records iability Company)	i.)
The Articles of Organization for this Limited Liability Company vi Florida document number 1.19000054911	were filed on February 25, 2019	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 abbreviation "L.L.C."
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 off registered agent and/or the new registered office address here		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	y
	. Fle	orida
	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 Title Name Address Type of Action 3001 SW 104 Court MGR/M Miami, FL 33165 □ Add □ Remove Change 3001 SW 104 Court Miami, FL 33165 □ Add ☐ Remove 4251 SW 32 Street Patricia Banino М West Park, Florida 33023 __ 🗆 Add □ Remove Change □ Add _____ Remove □ Add ___ Remove ☐ Change □ Add □ Remove

☐ Change

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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	e must be specific his block does r	c and cannot be p not meet the app	rior to date of fili olicable statutor	ng or more than 90 y filing requirem	_ (optional) days after filing.) Pr ents, this date wil	irsuant to 605.020 Il not be listed a
he record specifies a del The 90th day after the			not an effec	tive time, at 1	.2:01 a.m. on	the earlier o
Dated		2109	<u></u> .			
	alue	2 Do 1/1	alie 4	2		
	Signature	of a member or a	uthorized represe	ntative of a membe	भ	

Page 3 of 3

Filing Fee: \$25.00