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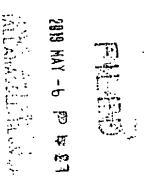
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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· COVER LETTER

Di	ivision of Cor	porations	·	
SUBJECT		ER GROUP LLC		
SUBJECT	•	Name of Lim	Name of Person E, ESQ., P.L. Firm/Company FERRACE Address FLORIDA 33914 City/State and Zip Code ESQUIRE.COM address: (to be used for future annual report notification) please call: 239 829-0063 Area Code Daytime Telephone Number	
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		MARIE B. CODE, ESQ.		
			Name of Person	
		MARIE B. CODE, ESQ., I	P.L.	
			Firm/Company	
		1308 SW 27TH TERRACI	E	
			Address	
		CAPE CORAL, FLORIDA	A 33914	
		MARIE@MARIEESQUIRI		
		E-mail address: (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please ca	all:	
MARIE B.	CODE			
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

Registration Section ,

TO:

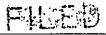
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

·	2819 HAY -6 ₱ ₱ 27				
The Articles of Organization for this Limited Liability Company	were filed on APRIL 15, 2019 and assigned				
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000103186</u>	mellanassis. Acadox				
This amendment is submitted to amend the following:	,				
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ility 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)					
	3491 PALL MAŁL DRIVE				
Enter new mailing address, if applicable:	SUITE 106				
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FLORIDA 32257				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:					
Name of New Registered Agent.					
New Registered Office Address:	Enter Florida street address				
	, Florida				
	City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is				

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>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
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Effective	date, if other	than the date	of filing:				((ptional)		
lf an effect	ive date is listed, t	than the date he date must be sport in this block do	ecific and ca	unnot be prio	r to date of fi	iling or more	than 90 days	after filing.) F	ursuant to 605.	.0207 (d.as.t
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	γ	Jame B.	()d	Q						
		Signat	ure of a me	mber or aut	norized repre	sentative of	a member	····	· · · · · · · · · · · · · · · · · · ·	
	AUTHORIZE	ED REPRESENT	TATIVE							

Page 3 of 3

Filing Fee: \$25.00