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COVER LETTER

Division of Corp	porations	Þ.	
SUBJECT:	2gal Suppor	+ Group, L	LC.
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Bessie	Name of Person	
	Legal Suppo	rt Group, U	<u>C.</u>
	8040 NW 95	5th St. Ste.	215
	Hialeah G.	ardens, FC 33 City/State and Zip Code	016
	E-mail address: (t	o be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	ili:	
Bessie N	AVAVYO Person	at (<u>786)</u> <u>384</u> Area Code Daytim	-3883 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	CE \$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)

TO:

Registration Section

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

Legal Supp	ort Gi	roup, LL	_ C ,	
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it how appears on iability Company)	our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L19001125</u>		were filed on <u>Apri</u>	1 24, 2019	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	lity company here:		
The new name must be distinguishable and contain the w Enter new principal offices address, if applic (Principal office address MUST BE A STREE	able:	ity Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new mailing address, if applicable:				TAN -6 P
(Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>
		 		9
B. If amending the registered agent and/or ragent and/or the new registered office address		ddress on our recor	ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:	8040 N	JW 95th Enter Florida si	St. Ste	2,215
	Hiale	ah Cin	, Florida	33016 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Steven Amster, Esq.	8040 NW 95th St.	□Add
	·	Ste. 228	iDRemove
		Hialeah Gardens, FC	33016 _ □Change
MAR	Bessie Navarro	8040 NW 95th St.	□Add
		Ste. 215	□Remove
		Hialeah, FL 33016	_ Change
			Ze □Add
			□ Add □ Remove
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ective date, if other th	nan the date of filir	ıg:		(option	al)
effective date is listed, the e: If the date inserted in	date must be specific an	nd cannot be prior to		re than 90 days after fi	ling.) Pursuant to 605.0
ument's effective date of			ne statutory ming	requirements, this e	ate will not be usice
cord specifies a delayed	effective date, but no	ot an effective tim	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after
filed.					
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