## 114000129652

(Red	questor's Name)	
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
	10 . 10 - 150 . 1000	(4	
SUBJECT: <u>7H</u>	Name of Limi	CROUP LLC ted Liability Company	
	mendment and fee(s) are subt		
Please return all correspond	dence concerning this matter t	to the following:	
	JAMES AI	Name of Person	
	Anoreus Acc	COUNTAINCY LLC Firm/Company	
	<u>8566 N.W</u>	19 DRIVE Address	
	<u>Coral</u> spr	City/State and Zip Code	
	Jano 59 2040 @ E-mail address: (t	ave.com o be used for future annual report notific	eation)
For further information cor	ncerning this matter, please ca	dl:	
Jobl M Name of F	COMENFORD Person	at ( <u>561</u> ) <u>368 – Se</u> Area Code Daytime	500 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)
<u>Mailing Address:</u> Registration Sc Division of Co	ection	Street Address: Registration Sect Division of Corpo	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limite	PEA GROUP LLC  ppany as it now appears on our reco ed Liability Company)	ords,)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L1900129652</u> .	ny were filed on <i>O5/13/3</i> .	0/9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L	LC" 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:  ( <u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered offi	ce address on our records, en	ter the name of the new registered
agent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:	M.V. PORTER	
New Registered Office Address:	Enter Florida street add	dress
		Florida
	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>	Name	Address	Type of Action
<u>m G RM</u>	MELISSA VISTORIA PORTER	8566 NW 19 TH DRIVE	□Add
			DRemove
			□Change
merm	M.V. PORTEL		<u>E</u> Add
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	ing any other information, enter change(s) here: (Attach additional sheets		
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(If an effectiv Note: If t	date, if other than the date of filing:  we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 he date inserted in this block does not meet the applicable statutory filing requirem 's effective date on the Department of State's records.		
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	ier of: (b) The 90th day after t	the
Dated	August 26 . 2020 .  Signature of a member or adihorized representative of a member		
	Signature of a member or authorized representative of a member	er	
	M.V. PONTEN  Typed or printed name of signee		

1 ...

Filing Fee: \$25.00