L19000156684

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

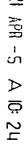
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COVER LETTER

	legistration Sec Division of Corp			•
SUBJECT		EROS GROUP, LLC		
SUBJECT	· ·	Name of Lin	ited Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter	to the following:	
		ROSA ESSTELA MORA	LES	
			Name of Person	
		AXIOM ACCOUNTING	PA	
			Firm/Company	
	4951 TAMIAMI TRAIL N SUITE 103			
		_	Address	
	NAPLES. FL 34103			
		EMORALES@AXIOMAC	City/State and Zip Code COUNTINGPA.COM to be used for future annual report noti	fication)
For further	r information co	oncerning this matter, please c	all:	
ROSA ES	TELA MORAL	LES	239 255-8126	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	c following amount:		
■ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Cortificate Copy (additional copy is enclosed)
R D P	Jailing Address Legistration Solivision of Co. O. Box 6327 Callahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	ction porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARRANDEROS GROUP, LLC (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 $\frac{06/03/2019}{1}$ and assigned Florida document number _______ L19000156684 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 "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 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: New Registered Office Address: Enter Florida street address 99 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 familie 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 flability 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>	Address	Type of Action
MGRM	MAURICIO SATT SCHMITZ	4935 SANDRA BAY DR APT 3 102	= Add
		NAPLES, FL 34109	[7]
			□Change
		-	□Add
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effective date is liste	d, the date must be sp	of filing:	r to date of filing or n	ore than 90 days afte	r filing.) Pursua	int to 605.020
		oes not meet the application of State's records		g requirements, thi	s date will no	it be listed as
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cord specifies a de	layed effective date	, but not an effective t	ime, at 12:01 a.m.	on the earlier of: ()		
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	ارے' Signa	ture of a member or auth	orized representative	or a member	~ -	

Filing Fee: \$25.00