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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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LALBRITTON

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Co			
	EGROUP LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard J. Alfieri		
		Name of Person	
	Reserve Group LLC		
		Firm/Company	
	2011 NE 53rd Street		
		Address	
	Fort Lauderdale Florida	33308	
		City/State and Zip Code	
	reservegroup@comcast	.net to be used for future annual report no	tification
For further information of	concerning this matter, please co	•	uncaron,
Richard J. Alfieri	one coming this minter, picture of	954 771-7595	
Name o	of Person	Area Code Daytii	ne Telephone 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 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 633		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESERVEGROUP LLC

(Name of the Limi	ited Liability Compa (A Florida Limited	iny as it now appears on ou Liability Company)	r records.)	(`.
The Articles of Organization for this Limited L Florida document number L19000156966	Liability Company	were filed on Jan. 07, 2	2020 and assigned	4
This amendment is submitted to amend the fol	lowing:			; (
A. If amending name, enter the new name of	of the limited liab	oility company here:		ρ _υ
RESERVE GROUP LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	9same as on file)		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		(same as on file)		
(Mailing address MAY BE A POST OFFICE	E BOX)			
	<u></u>			
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:			, enter the name of the new reg	<u>zister</u>
New Registered Office Address:		Enter Florida stree	21 address	
		City	Florida Zip Code	—
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regbeing filed to merely reflect a change in the company has been notified in writing of this	per and complete sistered agent as p registered office	performance of my du provided for in Chapter	ties, and I am familiar with an r 605, F.S. Or, if this documen	d
	If Char	nging Registered Agent, Sign	nature 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
		(same as on file)	□Add
			□Remove
			
			Remove
			□Change
··-			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
			Remove
			Change
			🗆 Add
			□ Remove
			□Change

its business as Reserve Gro	oup LLC			
1. 2				
				
				
				
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ctive date, if other than the c	(as of t	the date of filing)		
rifective date is listed, the date must	be specific and cannot be j	prior to date of filing	or more than 90 days after	filing.) Pursuant to 605.0.
If the date inserted in this blo- ment's effective date on the Dep			iling requirements, this	date will not be listed
ord specifies a delayed effective	date, but not an effecti	ve time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after t
filed.				
March 17th	2020			
March 17th, Richard J. Alfieri		·		
\mathcal{D}	1000	1.0.		
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Filing Fee: \$25.00