L19000 159 801

(Requestor's Name)	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	FROUP CAPIT	ALZ LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	_ Sergi	o Rebollo Jr Name of Person	
	Grov	P Capital 2 Fimu Company	LLC
	1176) S. Dixie Hi	ghway# 181
	Pineco	rest, E 33	156
	E-mail address: (1)	City/State and Zip Code City/State and Zip Code Co Sergio Reso o be used for future annual report notifi	· lo · com
For further information co	ncerning this matter, please ca		
Se.Ca	Person	at (305) 582 Area Code Daytime	-4062 Telephone Number
Enclosed is a check for the	e 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 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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on or	ur records.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L19000 59801</u>	npany were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
		···	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designat	tion "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u> </u>		<u> </u>
		- 2	1
			· T ₁
Enter new mailing address, if applicable:		ϵ	
(Mailing address MAY BE A POST OFFICE BOX)		# 3.5 20.5	<u>်း</u> ယ
		32-	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		records, enter the	name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	eet address	
		Florida	
	City	Z	ip 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>Name</u> **Title** Address **Type of Action** 11767 S. Dixie Hwy #181 XAdd Pinecrest FZ 33156 DRemove Cristina Planas ☐ Change ☐ Remove _□ Change □ Add □ Remove ☐ Change ယ B-Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and ca does not mee	et the applica	to date of filing or able statutory fil	more than 90 days af	otional) fter tiling.) Pursu this date will no	ant to 605.026 of be listed t
ne record specifies a delayed e The 90th day after the record		e, but not	: an effective	e time, at 12:01	i a.m. on th	e earlier
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	•	3019 ,	<u>1_</u> .			
Dated $\frac{10/30}{}$	· ($\mathcal{T}\mathcal{T}$				

Page 3 of 3

Filing Fee: \$25.00