L19000210980

Office Use Only



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04/10/20--01005--020 **25.00



COVER LETTER

TO: Registration So Division of Cor				
	estment Group LLC	<i>t</i>		
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:		
	Tamara M. Williams			
		Name of Person	, <u> </u>	
	Adante Investment Group	LLC		
Firm/Company				
	P.O. Box 7295			
		Address		
	Lakeland, Florida 33813			
		City/State and Zip Code	•	
	adanteinvestmentgrouplle@	-		
		to be used for future annual report n	otification)	
For further information of	concerning this matter, please c	aff:		
Tamara M. Williams		352 871-2367 at ()		
Name o	f Person		time Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	·	Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of	•	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		1 ~
(Name of the Limited L (A F	iability Company as it now appears on our re Florida Limited Liability Company)	ecords.) ': °/.
The Articles of Organization for this Limited Liabil	lity Company were filed on August 19, 2	019 and assigned
lorida document number L19000210980	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e 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	e:	
(<u>Principal office address MUST BE A STREET A</u>	(DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u>X)</u>	
		· · · · · · · · · · · · · · · · · · ·
D. 16	stored office address on our records, o	ntar the name of the new region
	· · · · · · · · · · · · · · · · · · ·	iter the name of the new regis
	<u>ere</u> :	
	ere:	
	<u>ere</u> :	
gent and/or the new registered office address he		
	ere: Enter Florida street a	ddress

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Winston S. Williams	572 Northride Trail	
		Lakeland. Florida 33813	≣Remove
			Change
-			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			Remove
			☐ Change
			□Add
			Remove
			□Change

				
				
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-				
	<u> </u>	·		
		<u>.</u>		
Tective date, if other than the neffective date is listed, the date muster. If the date inserted in this blument's effective date on the D	st be specific and cannot be pook does not meet the app	rior to date of filing or mo plicable statutory filing		
ecord specifies a delayed effective is filed.	e date, but not an effectiv	ze time, at 12:01 a,m, c	n the earlier of: (b) Th	e 90th day after the
April 6	. 2020	·		
Jamara	M. Willso Signature of a member or a	w)		
Jamora	71" Wellie	W.		