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(((H22000029038 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRONTO TAX & ACCOUNTING SERVICES, INC

Account Number : 120090000095

Phone

: (305)267-1092

Fax Number

: (305)267-2819

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE GROUP 2020, LLC

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TO ARTICLES OF ORGANIZATION OF

THE GROUP 2020, LLC			
(Name of the Lit	nited Liability Company as it now a (A Florida Limited Liability Comp	poesrs on our records.) any)	
The Articles of Organization for this Limited	Liability Company were filed o	n 01/17/2020	_ and assigned
Florida document number L20000012872			
This amondment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compan	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if appl	icable:		35 28 25 28
Principal office address MUST BE A STREET ADDRESS)			
			25 × 25 × 25 × 25 × 25 × 25 × 25 × 25 ×
			25
Enter new mailing address, if applicable:			Tig A
Mailing address MAY BE A POST OFFICE	<u> </u>		9 <u>2</u> 9 <u>2</u> 9
		<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on o ess here:	ur records, <u>enter the name o</u>	the new register
Name of New Registered Agent:	VIVIAN DEMBO DE BARQ	UERO	
New Registered Office Address:	19195 MYSTIC POINTE DR	IVE #1502	
	Enter	Florida street address	
	AVENTURA	, Florida ³³¹⁸⁰	
	City		In 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

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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

Title	Name	Address	Type of Action
MGR	Vladimir Barquero Sosa	19195 MYSTIC POINTE DRIVE	≅Add
		# 1502	Reniove
		AVENTURA, FL 33180	(Change
MGR	Ricardo I. Flasz	19195 MYSTIC POINTE DRIVE	≅ Add
		# 1502	(T) b
		AVENTURA, FL 33180	☐ Change
		<u> </u>	🗆 Add
			□ Remove:
			☐ Change-
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			□Remove 6
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			□Add
			□ Remove
			DChange
			□Add
			□ Remove
			Change

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VLADIMIR BARQUERO SO	DSA - 10% UNITS	
RICARDO FLASZ - 45% UN	NTS	
		IP (7)
		5,54
		<u> </u>
		7
need the date is usued, the mile minst	he specific and cannot be prior to date of filing or more than 90 cek does not meet the applicable statutory filing requirement	_ (optional) lays after filing.) Pursuant to 605.03 ents, this date will not be listed
rd specifies a delayed effective iled.	date, but not an effective time, at 12:01 a.m. on the earlie	er of; (5) The 90th day after the
JANUARY 22	2022	
	/Ha	

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