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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	GEORGE A BABIOLAKI		
		Name of Person	
		Firm/Company	
	17046-6 BOCA CLUB BO	DULEVARD	
		Address	
	BOCA RATON, FLORID	A 33487	
		City/State and Zip Code	
	GEORGEBABIOLAKIS@	YAHOO.COM to be used for future annual report not	
or further information c	oncerning this matter, please c	•	(itCatton)
GEORGE BABIOLAKI	S	561 452-7800 at ( )	
Name o	f Person	at () Area Code Daytin	e Telephone Number
inclosed is a check for the	ne following amount:		
■ S25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

48 SUFFOLK B. LLC

company has been notified in writing of this change.

(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  $\frac{1/10/2020}{2}$ and assigned Florida document number L20000017672 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE TEN TWELVE GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

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
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Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:  be specific and cannot be prior to date of filing opek does not meet the applicable statutory to partment of State's records.	option or more than 90 days after fil filing requirements, this d	a <b>l)</b> ing.) Pui ate will	suant to not be	605.0207 ( listed as t
	date, but not an effective time, at 12:01 a.	m. on the earlier of: (b)	The 90	)th day a	ifter the
ne record specifies a delayed effective ord is filed.  Dated	2020				
FERRIARY 6	2020				

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Filing Fee: \$25.00