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Amend

MAY () 7 2020 I ALBRITTON

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	VOID. Invest	tment Group LI	<u></u>
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Adenis Pierre Name of Person	
		Firm/Company	
	1.5	530 NE 137 8+ Address	
		Orth Miami / F City/State and Zip Code	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report	notification)
Adenia Name o	Pierra	at (_ 7%)6'	38-0870 rtime Telephone Number
Enclosed is a check for th	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 Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section orporations	Street Address Registration Division of C	Section Corporations
P.O. Box 632 Tallahassee, F			of Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company	Group LLC as it now appears on our records.)	_
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liability)	bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L2000030672</u> .	ere filed on <u>01/24/2020</u> and	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
•		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation	n "L.L.C."
	, ,,	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
-		
		970(
Enter new mailing address, if applicable:		25
(Mailing address MAY BE A POST OFFICE BOX)		22
-		3 5
B. If amending the registered agent and/or registered office add	iress on our records, enter the name of the	دں new regist
agent and/or the new registered office address here:	-نـــ	200
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Erner From the street data ess	
	, Florida	

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMBR	Adenis Pierre	1530 NE 137 St	√ Add
		Nich Micmi, Fl 3311	<u>∤</u> □Remove
N. 4400			□Change
<u>HMRK</u>	Scheider Bernadin	19499 NE 10+1 Ave	√]∧dd
		Mani, Fl 33179	□Remove
			□Change
AMBR	Synder Bernadin	19499 NE 10th Ave Mian FL13	B/A□Add
			[V Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

	
•	
(If an ef Note:	tive date, if other than the date of filing:
e recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	04/11/2020
Dated	\(\frac{\frac{1}{1}} \)
Dated	
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00