

L20 0000083268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

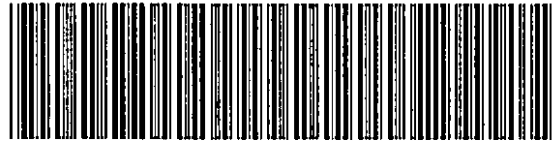
(Business Entity Name)

(Document Number)

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COSTELLO, McGUIRE & WICKER, P.A.

ATTORNEYS AT LAW

Voice (239) 939-2222 • Facsimile (239) 939-2280

Stephen N. McGuire II, Esq.

John M. Wicker, Esq.

Of Counsel

Truman J. Costello, Esq.

1949 - 2011

Brittany Professional Centre
12670 New Brittany Blvd, Suite 101
Fort Myers, FL 33907

Mailing Address
PO Box 60205
Fort Myers, FL 33906

October 13, 2020

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sent by:
USPS Regular Mail

RE: A5 Investment Group, LLC

Dear Sir or Madam:

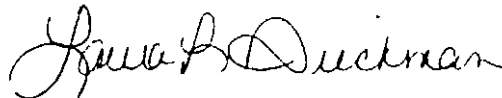
Enclosed herewith please find a cover letter and Articles of Amendment to Articles of Organization for the above-referenced LLC.

Also enclosed herewith please find check #504 for the fee of same.

When same has been received would you please be so kind as to change the Registered Agent and the Manager for this entity as indicated on the enclosed documents.

Thank you for your assistance in this matter.

Very truly yours.



Laura L. Dieckman, Legal Assistant to
Stephen N. McGuire II, Esquire

/lld
Enclosures

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A5 Investment Group, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen N. McGuire II, Esq.

Name of Person

McGuire Law, P.A.

Firm/Company

PO Box 60205

Address

Fort Myers, FL 33906

City/State and Zip Code

entities@cmw.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen N. McGuire II, Esq.

239 939-2222
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A5 Investment Group, LLC

(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 3/16/2020 and assigned
Florida document number L20000083268.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

McGuire Law, P.A.

New Registered Office Address:

12670 New Brittany Blvd, Suite 101

Enter Florida street address

Fort Myers

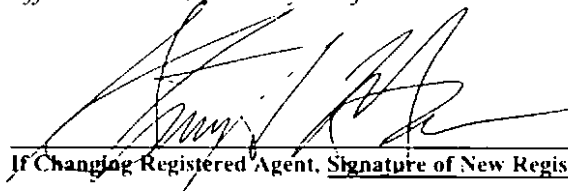
City

, Florida 33907

Zip 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>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|----------------------|---|
| AMBR | Marvin Adan Avilez | 314 NW 21st St | <input checked="" type="checkbox"/> Add |
| | | Cape Coral, FL 33993 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 8-21-2020

Chen Chen

Signature of a member or authorized representative of a member

George Gorman

Typed or printed name of signee