

L20 000083268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(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:

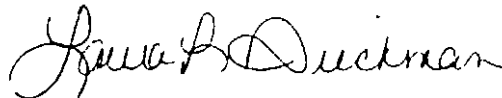
Enclosed herewith please find a cover letter and Articles of Amendment to Articles of Organization for the above-referenced LLC.

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



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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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