

L20 000119819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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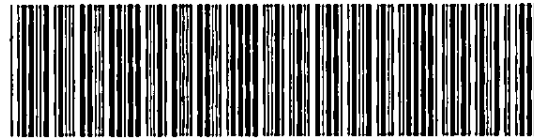
(Business Entity Name)

(Document Number)

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2020 AUG 24 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
OCT 08 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWO5FIVE 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:

KIMEKA K JOSEPH

Name of Person

TWO5FIVE GROUP, LLC

Firm/Company

400 NE 3RD, APT 1501

Address

FORT LAUDERDALE, FL, 33301

City/State and Zip Code

crewplanningfla@gmail.com

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

For further information concerning this matter, please call:

KIMEKA K JOSEPH

561 685-5046
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

SECRET
TALLAHASSEE, FL

2020 AUG 24 PM 5:01

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

TWOSFIVE 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 May 04, 2020 and assigned
Florida document number L200001191819.

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 "L.L.C."

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:

KIMEKA K JOSEPH

New Registered Office Address:

Enter Florida street address

Florida

City

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>
MGR	LAILAH C ISSAC	5409 WILES RD	<input type="checkbox"/> Add
		APT 108	<input type="checkbox"/> Remove
		COCONUT CREEK, FL, 33073	<input checked="" type="checkbox"/> Change
MGR	KIMEKA K JOSEPH	400 NE 3RD AVE	<input type="checkbox"/> Add
		APT 1501	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL, 33301	<input checked="" type="checkbox"/> Change
MGR	ROODY JOSEPH	400 NE 3RD AVE	<input type="checkbox"/> Add
		APT 1501	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL, 33301	<input checked="" type="checkbox"/> Change
MGR	ROBERT D ROBINSON	450 NE 5TH ST	<input type="checkbox"/> Add
		UNIT 429	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL, 33301	<input checked="" type="checkbox"/> Change
MGR	KELLY CAMARA WATKINS	450 NE 5TH ST	<input type="checkbox"/> Add
		UNIT 429	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL, 33301	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



2020 AUG 24 PM 5:00
 TALLAHASSEE, FL
 SECRETARY OF STATE
 FILED

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SECURITY
TALLAHASSEE, FL

FILED
2020 AUG 24 PM 5:01
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 14, 2020

Signature of a member or authorized representative of a member

KIMEKA K JOSEPH

Typed or printed name of signee

Filing Fee: \$25.00