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#### **COVER LETTER**

TO:

Registration Section

Division of Co	orporations		
	GROUP HOLDINGS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	amitted for filing	
Please return all corresp	ondence concerning this matter	to the following:	
	AMBER BEHAR		
		Name of Person	<del></del>
	LEMON GROUP HOLDI	NGS LLC	
		Firm/Company	<del></del>
	4450 TROPEA WAY UN	TE 1347	
		Address	
	JACKSONVILLE FLORI	DA 32246	
		City/State and Zip Code	
	SAMCONSULTINGUSA@		
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
AMBER BEHAR		904 8441010 at ()	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of O		Division of Co	
P.O. Box 633	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our record	• )
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	<u>*</u> J
The Articles of Organization for this Limited Liability Company	were filed on MAY 6, 2020	and assigned
Florida document number 1.20000123239		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		8
		YAH 0303
		=======================================
Fator as a well dday - 'f (' )		<del>-</del>
Enter new mailing address, if applicable:		P :
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	·- · · · · · · · · · · · · · · · · · ·	<u> </u>
		ω
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter (</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		<del></del> .
	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	, Flo	rida
	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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SHAY HADANI	4450 TROPEA WAY, UNIT 1347, JACKSONVII	LLE ≣Add
			□ Remove
			□ Change
			□ Add
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(If an effe Note:	ve date, if other than the date of filing:  (optional)  wrive 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 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	
	Signature of a member or authorized representative of a member
	AMBER BEHAR

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