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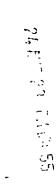
| (Re                     | equestor's Name)  |              |
|-------------------------|-------------------|--------------|
| (Ad                     | dress)            |              |
| (Ad                     | idress)           | <u>.</u>     |
| (Cit                    | y/State/Zip/Phone | e #)         |
| ☐ PICK-UP               | ☐ WAIT            | MAIL         |
| (Bu                     | siness Entity Nan | ne)          |
| (Do                     | cument Number)    | <del>-</del> |
| Certified Copies        | _ Certificates    | s of Status  |
| Special Instructions to | Filing Officer:   | _            |
|                         |                   |              |
|                         |                   |              |
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Office Use Only



800435259738

08/23/24--01010--014 \*\*25.00



## **COVER LETTER**

| SUBJECT: NEW                          | 106 Group                                    | LLC   |  |
|---------------------------------------|--|---|--|
| • • • • • • • • • • • • • • • • • • • | Name of Limit                                | ed Liability Company  |  |
|                                       |  |   |  |
| The enclosed Articles of A            | mendment and fee(s) are subm                 | nitted for filing.  |  |
| Please return all correspon           | dence concerning this matter to              | o the following:  |  |
|                                       | Kerry-Ann                                    | Holder<br>Name of Person  |  |
|                                       | Newob G                                      | roup LLC Firm/Company   |  |
|                                       | 604 N. 1                                     | tighway 27 Address  |  |
|                                       | Minneola                                     | FL 34712<br>City/State and Zip Code                                 | 5  |
|                                       | Newbard<br>E-mail address: (10               | OUP IC O OMO  be used for future annual report notifi               | cation) COM  |
| For further information co            | neerning this matter, please cal             | 11:   |  |
| Kerry-A                               | Ann Holder Person                            | at ( <u>347</u> ) <u>409</u><br>Area Code Daytime                   | - 4115<br>Telephone Number   |
| Enclosed is a check for the           | 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                                       |  |   |  |

TO:

Registration Section Division of Corporations

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

| Newob Group LLC   |  |  |
|---|--|--|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia  | as it now appears on our records.<br>bility Company)         | )  |
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L20000167808</u> This amendment is submitted to amend the following:   | cre filed on June 17,  | _  |
| This amendment is submitted to amend the following.   |  |  |
| A. If amending name, enter the new name of the limited liability  Cherish Moments Deco  The new name must be distinguishable and contain the words "Limited Liability   | or LLC   | or the abbreviation "L. I. C."                           |
| The new name must be distinguishable and contain the words. Entitled Liaothly   | Company, incuesignation (1993)                               | or the hoofe viation.                                    |
| Enter new principal offices address, if applicable:   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  |  |
|   |  | <del></del>  |
| Enter new mailing address, if applicable:   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |  |
|   |  |  |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:   | dress on our records, enter t                                |  |
|   | Flo  | rida   |
| <del></del> -   | City   | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:   |  |  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my duties, and<br>ovided for in Chapter 605, F | d I am familiar with and<br>E.S. Or, if this document is |

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>       | Address           | Type of Action |
|--------------|-------------------|-------------------|----------------|
| <u>AMB</u> R | Cherrie Bowen     | 9922 Lenox Street | □Add           |
|              |                   | Clermont FL 34711 | Remove         |
|              |                   |                   | □Change        |
| <u>AMB</u> R | Ron Bowen         | 9922 Lenox Street | _<br>□Add      |
|              |                   | Clermont FL 34711 | DRemove        |
|              |                   |                   | □Change        |
| AMBR         | Cherrish Theodore | 9922 Lenox Street | -<br>□Add      |
|              |                   | Clermont FL 3471  | _ □ Remove     |
|              |                   |                   | □Change        |
|              |                   |                   | 🗆 Add          |
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| <del></del>  |                   |                   | 🗆 Add          |
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| <del>_</del>                      |   |                                       |                  |   |  |                          |                    |
| Note: If the date                 | if other than the date<br>is listed, the date must be se<br>inserted in this block of<br>ctive date on the Depart | loes not meet                         | the applicable   | ate of filing or more<br>statutory filing t | (option<br>than 90 days after f<br>equirements, this | iling.) Pursuant to 605. | .0207 (<br>ed as t |
| e record specific<br>rd is filed. | s a delayed effective dat   | e, but not an e                       | effective time,  | at 12:01 a.m. on                            | the earlier of: (b)                                  | The 90th day after       | r the              |
| Dated Au                          | Just 16<br>Cmy Strutt   | 2                                     | 024              |   |  |                          |                    |
| ¥                                 | Cmy Ant   | ature of a mem                        | ber or authorize | ed representative of                        | a member   |                          |                    |
|                                   | T .   |                                       |                  |   |  |                          |                    |

Filing Fee: \$25.00