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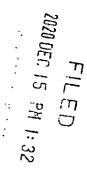
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Corp	porations		
		TY GROUP LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The angles of	d Articles of	Amendment and fee(s) are subr	nited for filing.	
Please return	rall correspo	ndence concerning this matter t	o the following:	
		Andreas R Perdicaris		
			Name of Person	
		17 Mobility Group		
	Firm Company			
		Miami, FL - 33131 - Suite	1630	
		<del></del>	Address	<del> </del>
		Miami, FL - 33131		
			City State and Zip Code	
		aperdicaris@i7mg.com	o be used for future annual report not	
				(incatem)
For further i	information c	oncerning this matter, please ex	ill:	
Andreas R	Andreas R Perdicaris 407 449-6656			
Name of Person		at () Area Code Daytu	ne Telephone Number	
Enclosed is	a check for t	he following amount:		
	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addre		Street Address: Registration S	ection
	egistration ivision of C	Section Forporations	Division of Co	orporations
	O. Box 63:		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17 MOBILITY GROUP LLC		
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I		020 and assigned
lorida document number 1.20000178027	<del>.</del>	
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	ration "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		2020
Mailing address MAY BE A POST OFFICE	<u></u>	PEC F
B. If amending the registered agent and/or igent and/or the new registered office addr		ds, enter the name of the new regist
Name of New Registered Agent:	Perdicaris, Andreas R	. 32
New Registered Office Address:	Enter Florida	street address
	Cin	, Florida

## 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

Title	<u>Name</u>	Address	Type of Action
MGR	ROVAL ALEXANDRE C	I SE 3RD AVE	□Add
		Suite 1630	■Remove
		Miami, FL - 33131	□Change
MGR	Perdicaris, Andreas R	I SE 3RD AVE	
		Suite 1630	□Remove
		Miami, FL - 33131	□Change
MGR	Colombo, Isabelle	1 SE 3RD AVE	
		Suite 1630	202\mathree
		Miami, FL - 33131	- Change -
			PH. 32
			∴ ∴ ∴ ∴ ∴ ∴ ∴ Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove

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Tective date, if other an effective date is listed, to ote: If the date inserted ocument's effective date	the date must be specific at d in this block does not	nd cannot be prior to meet the applical	o date of tiling or me tile statutory filing	(options than 90 days after requirements, the	onal)  tiling.) Pursuant	то 605,020
record specifies a delay- Lis filed.	ed effective date, but n	ot an effective tin	ne, at 12:01 a.m. o	n the earlier of: (h	) The 90th day	y after the
ated 12 December		2020				
		W( ( . 1 - 1				
	Signature of	emember or author	ized representative	of a member		

Filing Fee: \$25.00