## L20000 267632

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





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## **COVER LETTER**

TO: Registration ! Division of Co			
SUBJECT:		Hing Group:	LLC
The enclosed Articles o	f Amendment and fee(s) are st	ıbmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
		rey Campbell Name of Person	
		SC Consulting Fim/Company	Grosp, LLC
	8420	O Ulmerton Rd Address	50.12 466
	Lugo	F/ 3377 /	<u> </u>
	Cerey & Co	(to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Orey (	ampbell f Person	at ( <u> </u>	e Telephone Number
Enclosed is a check for the	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11.

11 Cac. 122 6411:43

(Same of the Limited Liabili	• • • • • •	n our records.)	
			and assigned
		<u> </u>	and assigned
	<u> </u>		
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			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable:		<del> </del>	
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	rds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida .	street address	
<del></del> -	City	Florida	Zip Code
	7717		1197 (2000)

## 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>	Address 1: 13	Type of Action
MGR	Corey Campbell	2365 Lorena Lane	_txnaa
		33765	_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ []Change
			_ □Add
			_ □Remove
			_ DChange
			_ □Add
			_ □Remove
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fan effective date i <u>Note:</u> Hi the date	f other than the d s listed, the date must b inserted in this bloc	e specific and can k does not meet	not be prior to da the applicable	te of filing or mor	e than 90 day requiremen	's after filing	.)Pursuant to 60	05.020 ste <b>d</b> a
locument's effec	tive date on the Dep	artment of State	s records.					
record specifies d is filed.	a delayed effective	date, but not an	effective time.	и 12:01 а.m. or	the carlier	of: (b) - 11	ne 90th day afi	er the
DatedG_	121/202		Jel)	,				
	( OL S	ignature of a men	ber or authorized	l representative o	a member			
	/ )	_						