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COVER LETTER

TO:	Registration Sec Division of Corp			
		Lionza	Group LEC	* * *
SUBJI	ECT:	Name of Limi	ted Liability Company	·
		, and of the		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Walter Marrero Melendez	
			Name of Person	
			Lionza Group LLC	
			Firm/Company	
			10816 NE 87th, Unit 303	
			Address	
		<i>ن</i> دا	ady Lake , Florida 32162	
			City/State and Zip Code IM@LIONZAGROUP.COM	1
		E-mail address: (to be used for future annual rep	ort notification)
For fu	rther information c	oncerning this matter, please ca	alt:	
	Walter Mar	rero Melendez	787 3688	045
	Name o	of Person	at () Area Code	Daytime Telephone Number
Enclos	sed is a check for th	he 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 Addres		Street Add	
	Registration : Division of C			on Section of Corporations
	P O Box 632			re of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lionza Gi	roup LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear ability Company)	rs on our records.)	
		October 26, 2020	and assigned
The Articles of Organization for this Limited Liability Company were filed on			
A. If amending name, enter the new name of the limited liabil	lity company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liability"	ty Company," the c	designation "LLC" or the abl	breviation "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)			F11.
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our i	records, enter the nam	e of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
	City	, Florida	Ziv 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 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>Name</u>	<u>Address</u>	Type of Action
CHARLES DENNIS MARKLEY	119 SHOALS CIRCLE NO. REDINGTON BEACH, FL 33708	
		🗐 Add
		□Remove
		LI Remove
		□Change
QE III, LLC	119 SHOALS CIRCLE NO. REDINGTON BEACH, FL 33708	
		= Add
		□Remove
		☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove 202 ☐ Change ☐ H ☐ H ☐ Remove ☐ Change ☐ H ☐ H ☐ Change
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		to Change
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	CHARLES DENNIS MARKLEY	QE III, LLC 119 SHOALS CIRCLE NO. REDINGTON BEACH, FL 33708

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