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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 18920 GROUP, 11c. Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Name of Person	
Firm/Company	
3001 SW 104 ET. Address	
Address	
Missin, FL. 33165 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (305) 322-1744 Name of Person Area Code Daytime Telephone Number	
Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$\int \\$25.00 \text{ Filing Fee & Certificate of Status} \square \\$55.00 \text{ Filing Fee & Certificate of Status} \square \\$55.00 \text{ Filing Fee & Certificate of Status} \square \\$60.00 Filing Fee & Certif	itus &

Mailing Address: Registration Section

Division of Corporations P.O. Box 6327 Tollahassas El 22214

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18920 Group	·
(Name of the Limited Lizbility Company (A Florida Limited Liz	as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number 85-4327611	vere filed on 12-17-2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
TTS GROUP, 1/C. The new name must be distinguishable and contain the words "Limited Liability	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3001500 104 ct. Miami, FL 33165
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL. 33165
Enter new mailing address, if applicable:	3001 SW 104 ET.
(Mailing address MAY BE A POST OFFICE BOX)	3001 SW 104 cT. Miami, FL. 33165
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: Joege	EJ. SANCHEZ
New Registered Office Address: 3 00	Enter Florida street address
	Enter Florida street address
$-\infty$,	City, Florida 33/65 Zip Code:
New Registered Agent's Signature, if changing Registered Agent:	Zip Code_
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	to act in this capacity. I further agree to comply with the erformance 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.

Il 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> Name Address Type of Action Mgr Jorge J Sanchez 3001 SW 104 CT Hiami FL 3315 BAdd Miami F 33165 Remove Max Anglin Valeiras 3001 SW 104 CT □Add Miani, Fr 33165 Remove _____ □Change _____ □Change

_____ □Change

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Effect	ive date, if other than the date of filing: (optional)
(If an eff Note:	ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	7/27 2021
	2021 Aua Malluar Signature of a member or authorized representative of a member And In Valeryas Typed or printed name of signee
	O (a) d (a) A (C)
	/tra in valeiras

Filing Fee: \$25.00