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## **COVER LETTER**

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	Registration Se Division of Cor			
cup uc	Liblag Gro	up LLC		
SOBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Michael P. Gable		
			Name of Person	<del></del>
		Law Office of Gable & He	eidt	
			Firm/Company	
		4000 Hollywood Boulevar	ed, Suite 735 South	
			Address	
		Hollywood, FL 33021		
			City/State and Zip Code	
		lina.barguil@hotmail.com		·/-
C. e fueth	ur information .	n-mail address: (	to be used for future annual report not	meation)
		oncerning and matter, prease e		
Michael	P. Gable		954 966-2501 at () Area Code Daytin	ne Telephone Number
	Name o	d Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for t	he following amount:		
<b>■</b> \$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		<u>Street Address:</u> Registration Sc	ection	
Division of Corporations			Division of Co	rporations
	P.O. Box 632	27	The Centre of	
	Tallahassee.	FL 32314	2415 N. Monro	se Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liblag Group LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C lorida document number L21000293287	Company were filed on 6/24/21	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LEC" o	r the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office addres <u>s MUST BE A STREET ADDR</u>	RESS)	. <u></u>
		1202
nter new mailing address, if applicable:		; <del></del>
• • • • • • • • • • • • • • • • • • • •	-	
<u> 1 Aailing address MAY BE A POST OFFICE BOX)</u>	· · · · · · · · · · · · · · · · · · ·	
		15
. If amending the registered agent and/or registered	d office address on our records ontor th	a numa of them regists
i. It amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter th	e name of thesiew registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	ida
	City	da Zip 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action \_\_\_\_\_ □Add \_\_\_\_\_\_ Change \_\_\_\_\_ □Add \_ \_\_\_\_ □Remove \_\_\_\_\_ □Change bb∧□ \_\_\_\_\_ □Remove \_\_\_\_\_ □Change □Add □Remove \_\_\_\_\_ □Add 

\_\_\_\_\_ □Change

Alan Lipworth, who resides					, in nercoy de.		
Assistant Treasurer, and sha	III have check-s	signing author	ity (along wi	th Lina M. Ba	ırguil Manriqı	ie) and	
internet access for the purpo	ose of viewing a	all account ac	tivity, in com	nection with a	ny bank accor	ınt	
opened by Liblag Group LL	C after the date	hereof. By v	ray of clarific	cation, checks	shall require	one	
signature only. By way of f	urther clarificat	ion, Alan Lip	worth is not a	n member of I	iblag Group	LC.	
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					<u>.</u>		
<del></del>	<del>.</del>						_
			<del></del> .				
	<del></del>						
Tective date, if other than the effective date is listed, the date mote: If the date inserted in this beament's effective date on the	ust be specific and block does not r	d cannot be pric meet the appli	cable statuto			iling.) Pursuant to	
ecord specifies a delayed effect is filed.	ive date, but not	t an effective	time, at 12:0	1 a.m. on the	earlier of: (b)	The 90th day	after the
tted		2024					
- <del></del>		1	1. Aw				

Filing Fee: \$25.00

Typed or printed name of signee