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Office Use Only



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## **COVER LETTER**

| Division of Corp            | porations                                       |   |  |
|-----------------------------|---|---|--|
| SUBJECT:                    |   | FAL GROUP ited Liability Company  | •  |
| The enclosed Articles of A  | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please return all correspon | ndence concerning this matter                   | to the following:   |  |
|                             | Chr   | Name of Person  | -<br>DRAVANTE  |
|                             | CK LA   | ECAL GROUP  |  |
|                             |   | Firm/Company  |  |
|                             | 1801  | GE BERKSI   | HIRE BLUD  |
|                             |   | Address   |  |
|                             | PORT SI   | City/State and Zip Code   | FL 34952   |
|                             | CH415 6   | City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  to be used for future annual report notion | COM  |
| For further information co  | oncerning this matter, please co                | •   | Teatron,   |
| ChRIS                       | FIORAVAN  | at (  | 2 4244   |
| Name of                     | Person  | Area Code Daytim  | e Telephone Number   |
| Enclosed is a check for th  | e following amount:                             |   |  |
| ☑-\$25.00 Filing Fee        | ☐ \$30.00 Filing Fee &<br>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

TO:

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

|  | ROUP   |
|--|--|
| (Name of the Limited Liability Comp<br>(A Florida Limited  | rany as it now appears on our records.) (Liability Company)  |
| The Articles of Organization for this Limited Liability Company Florida document number  | y were filed on $\frac{7/06/202}{\text{and assigned}}$   |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liab  The Flore C  The new name must be distinguishable and contain the words "Limited Liab |  |
| The new name must be distinguishable and contain the words "Limited Liab   | offity Company." the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | SAME   |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | SAME   |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:                                  | address on our records, enter the name of the new registered   |
| Name of New Registered Agent:  | - Contact of the cont |
| New Registered Office Address:   | Enter Florida street address   |
|  |  |
|  | , Florida<br>City 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 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> | <u>Address</u> | Type of Action |
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| m effective date is<br>ote: If the date | listed, the date must be speci              | ific and cannot be prior<br>s not meet the applica | able statutory filing req | an 90 days after filing.) Pursuant<br>uirements, this date will not | t to 605.0207 (<br>be listed as t |
| ecord specifies is filed.               | a delayed effective date, b $ / 14 / 2021 $ | ut not an effective ti                             | me, at 12:01 a.m. on the  | e earlier of: (b) The 90th da                                       | ny after the                      |
|   | - ノックノー ワカント                                |  | _                         |   |                                   |
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