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SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

FEB 21 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRV GROUP, LLC

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:

LOU FUOCO - REGISTERED AGENT

Name of Person

FUOCO GROUP LLC

Firm/Company

772 US HIGHWAY ONE, STE 200

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

DIAMONDDONNA320@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA FERRARA

917 416-8205
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 FEB -8 AM 7:47

TFV GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records;
(A Florida Limited Liability Company))

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/16/2021 and assigned
Florida document number L21000410967.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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) _____

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 agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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> | <u>Type of Action</u> |
|--------------|-------------------|------------------------------------|--|
| MBR | DONNA FERRARA | 1000 CLINT MOORE ROAD, BLDG A #108 | <input type="checkbox"/> Add |
| | | BOCA RATON, FL 33487 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | REGINA BADALI | 1000 CLINT MOORE ROAD, BLDG A #108 | <input type="checkbox"/> Add |
| | | BOCA RATON, FL 33487 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | VINCENZO FERRARA | 1000 CLINT MOORE ROAD, BLDG A #108 | <input checked="" type="checkbox"/> Add |
| | | BOCA RATON, FL 33487 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | VINCENT J. BADALI | 1000 CLINT MOORE ROAD, BLDG A #108 | <input checked="" type="checkbox"/> Add |
| | | BOCA RATON, FL 33487 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 7 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee