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10/28/21--01011--027 **50.00

COVER LETTER

Registration Section Division of Corporations

TO:

TANDEL SUBJECT:	GROUP 2 LLC				
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Ben Schiff				
		Name of Person			
		Firm/Company			
	1930 Tyler St				
		Address			
	Hollywood, FL 33020				
		City/State and Zip Code			
	westonusa@gmail.com	16.6	· · · · · · · · · · · · · · · · · · ·		
		to be used for future annual report not	theation)		
For further information (concerning this matter, please o	all:			
Ben Schiff		954 804-7246 at ()			
Name o	f Person		ne Telephone Number		
Enclosed is a check for t	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 Address		Street Address:	ation		
Registration Section Division of Corporations		-	Registration Section Division of Corporations		
P.O. Box 6327		The Centre of T	l'allahassee		
Tallahassee,	r に 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO. ARTICLES OF ORGANIZATION OF

TANDEL GROUP 2 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number $\frac{L21000422240}{L21000422240}$ 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 "LLC," 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

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, 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>	Address	Type of Action
	ABDOLMAJID TANDEL ABDOLMAJID TANDEL	1930 Tyler St	□Add
		Hollywood, FL 33020	■Remove
			□Change
	Hollywood, FL 33020	= Add	
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		 	□Add
			□Remove
			□Change
			□Add
			□ Remove
			∏ Change

Effective date, if other than the date of filing:			
document's effective date on the Department of State's records. record 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 d is filed. October 20 Signature of a member or authorized representative of a member			
record 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 d is filed. October 20 Signature of a member or authorized representative of a member			
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Signature of a member or authorized representative of a member	record specifies a delayed effect d is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to	the
	October 20	2021	
		Signature of a member or authorized representative of a member	
MUNICIPAL & CRUSS	Disability of the		

Filing Fee: \$25.00