

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Hiling Officer:
J DENNIS
JAN - 4 2023
A.
Office Use Only



10/11/22--01019--009 ++25.00

COVER LETTER

TO: Registration Se Division of Cor			
	GROUP, LUC		
SUBJECT:	}		•
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresno	ndence concerning this matter	to the following:	
rease return an correspo	ndence conferming and maker	to the tollowing.	
	Sieve Covert		
		Name of Person	
	LOCHIAN GROUP, LLC		
		Firm/Company	-
	7025 CR46A #1071359	· · · · · · · · · · · · · · · · · · ·	
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Address	
	Lake Mary, FL 32746		
		City/State and Zip Code	
	billing@archer@archerel		
	E-mail address: (to be used for future annual report not	fication)
For further information co	oncerning this matter, please c	all:	
Steve Covert		800 449-4095	
Name o	f Doron	at () Area Code Daytin	ne Telephone Number
raine o		Area Code 12ayena	te receptione (value)
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee &	S55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
55.20mm		Observat A. I. Lesson	
<u>Mailing Addres</u> Registration S	 ,	<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	Tallahassee
Tallahassee, I	FLJ 32314		e Street, Suite 810
		Tallahassee, FL	. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOCRIAN GROUP, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number ______L21000472953 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>	Name	<u>Address</u>	Type of Action
MGR	LOCRIAN COMPANIES		
-		7025 CR46A #1071359, LAKE MARY, FL 32746	🗆 Add
			■Remove
			□Change
MGR	LOCRIAN COMPANIES, LLC	7025 CR46A #1071359, LAKE MARY, FL 32746	=
			■Add
		- 	□Remove
			□Change
			□Add
			
			□Remove
			🗆 Add
			5 10
			□Remove
			□Change
			□Add
			□Remove
			Sixtinove
			□Change
			DAdd
			□Remove
			🗆 Change

							- - -
							- -
							-
							-
							_
							
<u> </u>							
_		 					-
							_
	·						_
							_
							_
							_
							_
(If an effectiv <u>Note:</u> If the	e date is fisted, the da ne date inserted in t	the date of filing e must be specific and his block does not m he Department of St	cannot be prior to c eet the applicable	late of filing or me	re than 90 days after	filing.) Pursuant to 6	05.0207 (3)(isted as the
the record specord is filed.	ecifies a delayed e	ective date, but not	an effective time	, at 12:01 a.m. o	n the earlier of: (b) The 90th day at	ter the
	ober, 7		2022				
Dated		·		•			
		0					
		Signature of a n	ember or authorize	ed representative	of a member		
	STEVE COVER						
			Typed or printed n	ame of signee		 	

Filing Fee: \$25.00