

L21 000 480 518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

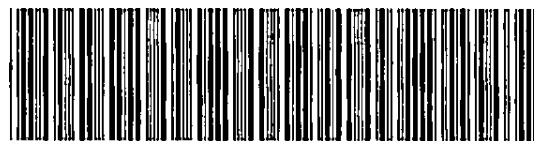
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

*[Handwritten Signature]*



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09/23/22--01012--011 \*\*25.00

22 SEP 23 PM 3:06

SECTION OF COURT CLERK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GROUP LR 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:

Noa Hen

\_\_\_\_\_  
Name of Person

Dedicated CPA

\_\_\_\_\_  
Firm/Company

7520 NW 5th ST STE 103

\_\_\_\_\_  
Address

Plantation, FL 33317

\_\_\_\_\_  
City/State and Zip Code

noa@dedicatedcpa.com

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

For further information concerning this matter, please call:

Noa Hen

305

423-9993

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  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 SEP 23 PM 3:06

RECEIVED  
DIVISION OF CORPORATIONS

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

GROUP LR LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/05/2021 and assigned  
Florida document number L21000480518.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

Meir Ben Shimon

New Registered Office Address:

5092 SW 24th AVE

*Enter Florida street address*

Fort Lauderdale

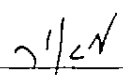
*City*

, Florida 33312

*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, 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>
AMBR	Rachel Lev	5092 SW 24th AVE	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Meir Ben Shimon	5092 SW 24th AVE	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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22 SEP 29 PM 3:07  
RECEIVED  
CITY OF MIAMI  
OFFICE OF THE  
COMPTROLLER  
OF PUBLIC  
WORKS

22 SEP 23 PM 3:07

22 SEP 23 PM 3:07

THE UNIVERSITY OF CHICAGO

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the 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 record is filed.

Dated September 14th, 2022

*[Signature]*

Signature of a member or authorized representative of a member

Rachel Lev

Typed or printed name of signee