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T. MATTHEWS JAN 18 2022

COVER LETTER

	ion Section of Corporations		
	ILTRA GROUP LLC		
SUBJECT:	Name of	Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
•	SANDY MACAULA	Y	
		Name of Person	
	MACAULAY & ASS	OCIATES LLC	
		Firm/Company	
	5321 IST AVE S		
		Address	
	ST PETERSBURG, F	L 337107	
		City/State and Zip Code	<u> </u>
		YACCOUNTING.COM	
		ess: (to be used for future annual report notific	cation)
For further informa	tion concerning this matter, plea	se call:	
SANDY MACAUI	LAY	727 520-1980 at ()	
N	ame of Person		Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	Fee S30.00 Filing Fee & Certificate of Statu		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A		Street Address:	
	tion Section of Corporations	Registration Sect Division of Corp	
P.O. Box		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 July -1, Fill2: 39

MKULTRA GROUP LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u> s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L21000499718	were filed on 11/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	28419 Gret Bend Pl	·
(Principal office address MUST BE A STREET ADDRESS)	Wesley Chapel, FL 33543	
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 register
agent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
		orida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Rетоvс
			□Change
	 	 	
			Remove
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