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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

SUBJECT:	gement Group LLC Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Amy Ayers				
		Name of Person			
	Midland Forms LLC				
		Firm/Company			
	1520 Royal Palm Square B	lvd #320			
		Address			
	Fort Myers, FL 33919				
		City/State and Zip Code			
	aayers@midlantrust.com		. <u> </u>		
	E-mail address: (t	to be used for future annual report notific	cation)	20 SE	
For further information c	oncerning this matter, please ca	ıll:		22 F. TALL	الدان ون
Amy Ayers		239 333-4824 at ()		2022 FEB 2. SECKETALLAH,	700 pt.
Name o	f Person		Telephone Number	6.: <u> </u>	
				PH 6: I	5
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (ing Fee. e of Status &	

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ion "L.L.C" or the abbreviation "L.L.C."			
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s, <u>enter the name of the new register</u>			
Enter Florida street address			
Florida			
Zip Code			
i -			

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	Address	Type of Action
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			□Remove
			□Change
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i an effective date is h	sted, the date must be a	pecific and cannot be	prior to date of file	ng or more than 90	days after filing s	Pursuant to M	os 0207 a
<u>Sofe:</u> If the date in locument's effective	seried in this block of e date on the Depart	ioes not meet the a ment of State's rec	ppucable statuto ords	ry ming requiren	iems, mis date v	in not be n	steu as i
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Filing Fee: \$25.00

Typest in printed name of signee