L22000158509

	Requestor's Name)	
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(City/State/Zip/Phone #)	
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☐ PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
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Tallahassee, FL 32314

	egistration Se ivision of Cor		• '	•	
ann mear		HAM GROUP, LLC			.•
SUBJECT	:	Name of Limi	ted Liability Company		
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Andrew Rosin			
		 —.	Name of Person		
		Andrew W Rosin			
			Firm/Company		
		1966 Hillview St			~>
			Address		2022 O.C.
		Sarasota FL 34239			5.0
			City/State and Zip Code		9
		arosin@rosinlawfirm.com	to be used for future annual report not	rification)	179 124 179 1000
For further	information c	oncerning this matter, please ca		ŕ	II: 54
Andrew R	osin.		941 359-2604		
	Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed i	s a check for t	he following amount:			
) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
	1ailing Addres		Street Address:	action	
	Registration Division of C		Registration S Division of Co		
	O. Box 632		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE PINKHAM GROUP, 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 $\frac{04/14/2022}{1}$ _____ and assigned Florida document number L22000158509 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 "L.L.C." 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

DocuSign Envelope ID: B4F27501-D0BD-4EF4-B8CF-568BF4ABA520 in amending Authorized rerson(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
MGR	Doody, Austin	6900 COUNTRY LAKES CIRCLE	\ Add
		SARASOTA, FL 34243	□Remove
			□Change
MBR	Doody, Austin	6900 COUNTRY LAKES CIRCLE	= Add
		SARASOTA, FL 34243	□Remove
			202 Change
			🖂dd
			☐Remove
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prio If the date inserted in this block does not meet the appliament's effective date on the Department of State's records	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605: cable statutory filing requirements, this date will not be listes.
cord specifies a delayed effective date, but not an effective filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after
December 8 2022	
December 8 2022 Docustynea by: Martin Doody BROSASZCEDC/457 Simples of Services	·
Martin Donde	horized representative of a member
reactive young	

Filing Fee: \$25.00