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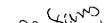
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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

444 Group			
SUBJECT:		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	John Udbardy		
		Name of Person	
	444 Group LLC		
		Firm/Company	· -
	425 NE 22nd Street Ste. 40	03	
		Address	
	Miami, FL 33137		
	4448 Group LLC	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
John Udbardy		954 880,5206 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 Addre Registration		Street Address: Registration Sec	etion
Registration Section Division of Corporations		Division of Cor	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

444 GROUP LLC		
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our record rida Limited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability	Company were filed on $\frac{06/08/2022}{}$	and assigned
Florida document number L22000263171	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
1448 GROUP LLC		
The new name must be distinguishable and contain the words "L	imited 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 ADI	hDECC)	, <u>.</u> .
Timespar vifice duarent in OST 122 7 OT NESST 7122		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our records, enter	the name of the new regist
igent and/or the new registered office address here		
Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida street addres	
	imer i witaa sireet aawes	, v
		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, 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>	Type of Action
MGR	HECTOR F. MARIN	425 NE 22ND STREET STE. 403	= Add
		MIAMI, FL 33137	□Remove
			Change
AMBR	JOHN UDBARDY	425 NE 22ND STREET STE, 403	■Add
		MIAMI, FL 33137	□Remove
			Change
			□Remove
			☐ Change
			□ Add
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- F <i>ee</i>	
Note:	fective date, if other than the date of filing:
f the reco	rd 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 filed.
	101 N 2011 2022
Dated	JULY 20TH 2022
	$C = \frac{1}{\sqrt{N}} $

Typed or printed name of signee