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

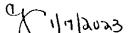
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2022 OCT 17 AM 8: 01



COVER LETTER

TO:

Registration Section
Division of Corporations

The Firefighter Group LLC SUBJECT: 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: Bryan Lee Name of Person The Firefighter Group LLC Firm/Company 8557 Avocado Blvd Address West Palm Beach, FL 33412 City/State and Zip Code thefirefightergroup@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bryan Lee Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 OCT 17 AM 8: 04 The Firefighter Group LLC SECRE IT AT UP STATE TALLAHASSEE, FL (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 $\frac{8/25/22}{1}$ and assigned Florida document number L22000374315 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 ___, Florida ___ City

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: X is the type of action

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bryan Lee	8557 Avocado Blvd West Palm Beach, FL 33412	_ □Add
			Remove
			Change
AMBR	BBK Holdings LLC	8557 Avocado Blvd West Palm Beach, FL 33412	Add
			_ ■Remove
			_ Change
AMBR	Jonathan Lee	8557 Avocado Blvd West Palm Beach, FL 33412	! □Add
			Remove
			□Change
AMBR	Full Spectrum Consulting Solutio	11057 Seaport Lane Boca Raton, FL 33428	Add
			□Remove
			Change
AMBR	Ibrahim Almagarby	8557 Avocado Blvd West Palm Beach, FL 33412	<u>?</u> □Add
			Remove
			Change
AMBR	Auctus Group LLC	8 The Green Suite 6994 Dover, DE 19901	Add
	•		□Remove
			□Change

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ective date, if other than the d	ate of filing: _			(options	al)
effective date is listed, the date must be: If the date inserted in this block	ne specific and can to does not meet	not be prior to date the applicable st	of filing or more that atutory filing requ	n 90 days after fili irements, this da	ng.) Pursuant to 605.02 ate will not be listed
cument's effective date on the Dep	partment of State	's records.			
cord specifies a delayed effective	date, but not an e	effective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after th
s filed.					
October 14	_20	022			
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<u></u>	ignature of a mem	ber or authorized	epresentative of a m	ember	