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COVER LETTER ...

TO:	Registration Se Division of Cor	ection Porations			
	GROUPTH	ł rrc	•		
SUBJI	ЕСТ:		* **		
	•	Name of Lin	nited Liability Company	.	
			•		
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please	return all correspo	ondence concerning this matter	r to the following:		
		JUAN TRESSELT			
			Name of Person		
			Firm/Company		
		2136 WALDEN PARK 30	1	`	
			Address		
		KISSIMMEE FLORIDA 3	34744	377.0	
		JUANTRESSFLT88@GM/	City/State and Zip Code AIL.COM		
		E-mail address: (to be used for future annual report notif	ication)	
For fun	ther information co	oncerning this matter, please c	all:	77 77 78	
			at ()	7	
	Name of	Person		Telephone Number	
Enclose	ed is a check for th	c following amount:			
■ \$2 5	5.00 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 Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GROUP THIEC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp.	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2136 WALDEN PARK 301 KISSIMMEE FL 34744
Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:	9672 B.T. 2
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CROUDTHILLC

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 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>	<u>Name</u>	Address	Type of Action
MGR	MARIA CAROLINA HENRIQUEZ RODRIGUEZ	2136 WALDEN PARK APT 301 KISSIMMEE	
			= Add
		FL 34744	
			□Remove
			□Change
			_
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ctive date, if other than		12/12/2022		(optio	anal)
effective date is listed, the date	must be specific and car	nnot be prior to da		han 90 days after	filing.) Pursuant to 605.0
If the date inserted in thi iment's effective date on the			statutory filing re	quirements, this	date will not be listed
ord specifies a delayed effe filed.	ctive date, but not an	effective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after t
DEC / 12	2	2022			
d					