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COVER LETTER

то:	Registration S Division of Co			٠	
an e		al Group LLC			·
SUBJE	CT:	Name of Lim	ited Liability Company		
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
		Nicholas Sousa			
			Name of Person		
		Continental Group LLC			
			Firm/Company		
		2625 South Atlantic Ave			
			Address		
		Daytona Beach, FL 32118			
			City/State and Zip Code		
		nicksousa(9)4@gmail.com	to be used for future annual report no	(ification)	
For furti	her information	concerning this matter, please concerning this matter.	·	incution,	
Nichola	is Sousa		386 264-1630 at ()		
	Name	of Person		ne Telephone Number	
Enclose	d is a check for	the following amount:			
≅ \$ 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified Co (additional co	of Status &
	Mailing Addre Registration		Street Address: Registration Se	ection	
	Division of	Corporations	Division of Co	orporations	
	P.O. Box 63	27	The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Continental Group, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on May 23rd	and assigned
lorida document number L23000252731		•
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
Continental Groupp, LLC		
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	?F(\$)	
THE SPAN OFFICE AND ASSESSMENT OF THE SECTION OF TH		
		
Enter new mailing address, if applicable:	··	
Mailing address MAY BE A POST OFFICE BOX)		
		~2
		• : 3
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	d office address on our records, <u>ent</u>	er the name of the new regist
gon una of the new registered office address here.		١
		•
Name of New Registered Agent:		
New Registered Office Address:		
The Magazinia of Madiest.	Enter Florida street add	ress
	City	Florida

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		 	□Change
		· · · · · · · · · · · · · · · · · · ·	Remove
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ective date, if other than the d n effective date is listed, the date must l	ate of filing:		(option	nal)
te: If the date inserted in this bloc	ck does not meet the appl	icable statutory filin	g requirements, this	date will not be listed a
cument's effective date on the Dep	artment of State's record	IS.		
cord specifies a delayed effective	date hut not an effective	time at 12:01 a.m.	on the earlier of: (h)	The 90th day after the
s filed.	aute, but not an officerive	time, at 12.01 a.m.	on the currier or (o)	The som day arter the
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November 20 led	; 2023	 ·		
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	ignature of a member or aut	thorized representative	of a member	