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(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor T. & G. Gro			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gregory Roberts		
		Name of Person	
	T. & G. Group, LLC		
	Firm Company		
	15101 SW 150th Ave		
		Address	
	Miami FL, 33196		
	and the second constitution of	City/State and Zip Code	
	gregory,robertspa@gmail.co E-mail address: (to be used for future annual report noti	fication
For further information c	concerning this matter, please co	all:	
Gregory E. Roberts		786 205 0298 at ()	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sc	ction
Division of C	Corporations	Division of Co	porations
P.O. Box 6327		The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		2023 NOT -2 All 7: 49
ed Liability Con	npany as it now appear ed Liability Company)	s on our records.) 2 HII 7: 49
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owing:		
f the limited li	iability company he	re:
ords "Limited Li	ability Company," the d	esignation "LLC" or the abbreviation "L,L,C,"
able:	15101 SW 150t	i Ave Miami, FL, 33196
T ADDRESS)	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		a Ave Miami, FL, 33196
egistered offic ss_here:	ce address on our r	ecords, enter the name of the new registered
Gregory Rol	berts	
15101 SW 1	50th Ave	
	Enter Flor	ida street address
Miami		, Florida ³³¹⁹⁶
	Cuy	Zyp Code
	iability Compa- owing: f the limited	the limited liability company be sorted "Limited Liability Company," the dable: 15101 SW 150th

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

Thereby 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.

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
AMBR	Gregory Roberts	15101 SW 150th Ave Miami, FL, 33196	🗆 Add
			■Remove
			Change
			🗀 Add
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ffective	late, if other than the date of filing: 08/08/2023 (optional)
lote: If the	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
record sp	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
ated	
ated	
ated	
Dated	Signature of a member of authorized representative of a member