L23000426468

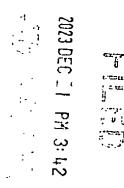
| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| • | , | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| • | , | , |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| · | | |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| | - | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| brills | | |
| | · - | |

Office Use Only



400419638654

12/01/23--01023--002 **25.00



COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | GROUP SE | risces LLC | |
|--|---|---|--|
| | Name of Limi | ited Liability Company | |
| The enclosed Articles of An | nendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | ence concerning this matter | to the following: | |
| | | | |
| | Jose | Poman Name of Person | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 1632 Ha | awksbill Ln. | |
| | | Address | |
| | Saint | Cloud, FL 34 | ורד |
| | | City/State and Zip Code | |
| | | | |
| | · | to be used for future annual report not | ification) |
| For further information con- | cerning this matter, please co | all; | |
| Jose | Roman | at (407) 818 Area Code Daytin | - 0465 |
| Name of Po | erson | Area Code Daytin | ne Telephone Number |
| | | | |
| Enclosed is a check for the f | following amount: | | |
| ☑ \$25.00 Filing Fee | S30.00 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 Second Division of Cor | | <u>Street Address:</u> Registration Se Division of Co | |
| P.O. Box 6327 | | The Centre of I | Γallahassee |
| Tallahassee, FL | . 32314 | 2415 N. Monro Tallahassee, FI | oe Street, Suite 810 _ 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | ny as it now appears on our records) | - | |
|---|--|-----------------------|------|
| (Name of the Limited Liability Compa (A Florida Limited L | Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document numberL 23000426468 | were filed on September | 13, and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the | abbreviation "L.L.C." | - |
| Enter new principal offices address, if applicable: | 1632 Hawksbill | Ln. | _ |
| (Principal office address MUST BE A STREET ADDRESS) | Saint Good, FL | 34771 | _ |
| | | | _ |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1632 Hawksbill Saint Cloud, 3 | Ln 1977 | _ |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the na | me of the new registe | ered |
| Name of New Registered Agent: | UIA | | |
| New Registered Office Address: | | 2023 SEC | _ |
| THEW REGISTER OTHER PROBLEMS. | Enter Florida street address | DEC T | _ |
| | | 1 112213 | |
| | , Florida _ | Zin Code | - |
| New Registered Agent's Signature, if changing Registered Agent: | , Florida | Zip Code | - |

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 |
|--------------|-------------|-----------------------|----------------|
| <u> 462</u> | Jose Roman | 1632 Hawksbill Ln | □Add |
| | | Saint Cloud, FL 34771 | □Remove |
| | | | Change |
| HER | Julia Roman | 1632 Hawksbill Ln | ② Add |
| | | Saint aoua, FL 3477 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| - | |
|--------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| Effective | date, if other than the date of filing: (optional) |
| If an effect | ive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| documen | the date institute in this block does not fixed the appreciate statutory thing requirements, and date with not be instead of state in the Department of State's records. |
| | |
| | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| rd is filed | • |
| | |
| Dated | <u> November 24, 2023</u> |
| | ' |
| | Signature of a member organithorized representative of a member |
| | |
| | 4 |