# L23000528919

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12/21/23--01013--024 ++25.00



# **COVER LETTER**

	ion Section of Corporations	
SUBJECT:	Foundation Capital G	roup LLC
30031.01.	Name of	Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are	submitted for filing.
Please return ail co	orrespondence concerning this ma	tter to the following:
	C	aleb Coombes
		Name of Person
	Fo	undation Capital Group LLC
		Firm/Company
	1	0364 SW Captiva Dr
		Address
		Port Saint Lucie, FL 34987
		City/State and Zip Code
		alebcoombes.ffl@gmail.com ss: (to be used for future annual report notification)
For further informa	ation concerning this matter, pleas	
Calel	b Coombes	at ( 603 ) 521-5305
í	Name of Person	Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:	
<b>★</b> \$25.00 Filing	Fee S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing A</u> Registra	Address: tion Section	Street Address: Registration Section
Division	of Corporations	Division of Corporations
P.O. Box		The Centre of Tallahassee
тапапаѕ	see, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Foundation Capital Gr	•		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appear ited Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on	11/27/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	ere:	
Foundation Capital Life Gro	up LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	lesignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u></u>		DE CHE
Enter new mailing address, if applicable:			27
(Mailing address MAY BE A POST OFFICE BOX)			7
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our r	ecords, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	rida strevt address	
		Florida	
	City		Zip Code

#### 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 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
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
			Remove
			☐Change
		□Add	
			□Remove
			☐ Change
		Remove	
			□Add
			□Remove
			□Ch

# Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	······································
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Caleb Coombes  Typed or printed name of signee

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