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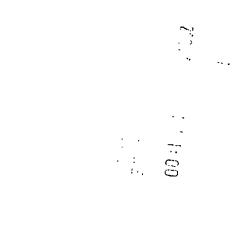
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COVER LETTER

TO:

Registration Section

Division of Corporations FIRE GROUP LLC SUBJECT: ______ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: OMER ATES Name of Person Firm/Company 32150 POWDERPUFF MIMOSA DR Address SAN ANTONIO, FL 33576 City/State and Zip Code OMRATS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OMER ATES Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30,00 Filing Fee & ☐ \$60.00 Filing Fee. **■** \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed). (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRE GROUP LLC				
(Name of the Limited Liability Company : (A Florida Limited Liab	is it now appears on our records. Hity Company)	2)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L24000262025</u> .	re filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company here:			
FIRE GROUP USA LLC				
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "L1.C"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		- i		
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Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		-		
		. 00		
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>enter t</u>			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Flo	rida		

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.

Circ

Zip Code

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
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