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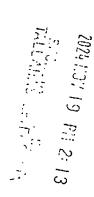
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

PEGASUS 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: JULES Y LEVY Name of Person Firm/Company 2700 N 29TH ST. Suite 221 Address HOLLYWOOD, FL 33020 City/State and Zip Code thepegasusgroupIlc2024@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JULES Y LEVY Name of Person Enclosed is a check for the following amount: ■ \$30.00 Filing Fee & ☐ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 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 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEGASUS GROUP LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record nited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/07/2024	and assigned
Florida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	-3
		12 22
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		M. 2
		7. 2
		$\sqrt{\omega}$
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	.s
		orida
	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 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>	Name	Address	Type of Action
MGR	JULES Y LEVY	13505 NE 23RD CT. NORTH MIAMI, FL 33181	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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n eff ote:	ive date, if other than the date of filing:
ecor is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ted	10/15/2024
	Signature of a member Mauthorized representative of a member
	Monica G Fredo
	Typed or printed name of signee

Filing Fee: \$25.00