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(Requestor's Name)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2014 AUG 18 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
AUG 20 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ENTREPRENEURS GROUP, L.L.C**  
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:

Camilo Espinosa, Esq  
Name of Person

LOIGICA, P.A.  
Firm/Company

2 South Biscayne Blvd, Ste 3760  
Address

MIAMI, FL 33131  
City/State and Zip Code

Camilo.espinosa@Loigica.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Camilo Espinosa at (305) 390 0450 (ext 1)  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ENTREPRENEURS GROUP, L.L.C.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/05/2014 and assigned Florida document number L14 0000 90132.

This 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 end with 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 ADDRESS**)

10544 NW 26 St, Suite 208  
DORAL, FL 33172

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

10544 NW 26 St, Suite 208  
DORAL, FL 33172

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title                      Name    Address    Type of Action

\_\_\_\_\_                      \_\_\_\_\_    \_\_\_\_\_     Add

\_\_\_\_\_                      \_\_\_\_\_    \_\_\_\_\_     Remove

\_\_\_\_\_                      \_\_\_\_\_    \_\_\_\_\_     Add

\_\_\_\_\_                      \_\_\_\_\_    \_\_\_\_\_     Remove

\_\_\_\_\_                      \_\_\_\_\_    \_\_\_\_\_     Add

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 12, 2014.

Camilo Espinosa

Signature of a member or authorized representative of a member

Camilo Espinosa

Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE, FLORIDA