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JUL 1 0 2015 T. HAMPTON

COVER LETTER

TO:	Registration Se Division of Cor			
CHDIE	MORGAN	ARO INTERNATIONAL GRO	UP, LLC	
SUBJE	L1:	Name of Limit	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	o the following:	
		Bruce Hornstein, Esq.		
		 	Name of Person	
		Bruce Hornstein, P.A.		
			Firm/Company	
		317-71st Street		
			Address	
		Miami Beach, Florida 3314	41	
			City/State and Zip Code	
		bhornstein@hornsteinpa.con		
		E-mail address: (to	be used for future annual report notification	tion)
For furth	ner information co	oncerning this matter, please cal	ll:	
Bruce H	Iornstein, Esq.		305 397-8476 at ()	
	Name of	f Person	Area Code Daytime T	elephone Number
Enclosed	is a check for th	e 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

MORGANARO INTERNATIONAL GROUP, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
(
The Articles of Organization for this Limited Liability Company	y were filed on 2/27/15 and assigned
Florida document number <u>L1500003717</u> 9	7
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	LEGRE T
	SAN E
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	RIOP STE
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the ne</u> re:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
Non-Designand Appella Cincolner 18 - Louis - Designand Appella	

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
MRGM	Henry Campanaro	9736 NW 16th Court	Add
		Pembroke Pines, FL 33024	Remove
			Change
			Add
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	date, if other than	must be specific a	and cannot be prior t meet the appl	or to date of filing of icable statutory fi	more than 90 days a ling requirements,	ptional) ofter filing.) Purs this date will r	uant to 60 not be lis	5.020 ted a
(If an effecti Note: If the document	we date is listed, the date he date inserted in the seffective date on the date of the specifies a delath day after the	ne Department o	e date, but n		e time, at 12:0	1 a.m. on t	he earli	ier o
(If an effecti Note: If the document	we date is listed, the date he date inserted in this seffective date on the date of the da	ne Department o	e date, but n		e time, at 12:0	1 a.m. on t	he earli	ier o

Filing Fee: \$25.00