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OCT 1 4 2014

CYAMINER

Registration Section Division of Corporations.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

		Francisco	Touron		
			Name of Person		-
		Touran La	lW		_
			Firm/Company		
		55 Merr	rick Way, St	e. 406	-
		*	Address		
		Coral Ga	bles, FL 33 City/State and Zip Code	134	_
		0 1	City/State and Zip Code		
		+rank	Otoronlaw.	<u>tom</u>	Z
				report nottrication)	SEER
For	further information c	oncerning this matter, please c	all:		
	Francis	o Towon	at ( <b>305</b> )	297.7095	TARY O
	Name o	Person	Area Code	Daytime Telephone Number	T S
					STATE
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Minds + Machines	Group LLI	<u>c</u>	
(Name of the Lingted Liability Comp (A Florida Limited	pany as it now appears I Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document numberL_14000 155616	y were filed on	10   5   2014 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia  Minds + Machines L1  The new name must be distinguishable and end with the words "Limited Lia	^	<del></del>	_
Enter new principal offices address, if applicable:	-	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		SEGRETAR.	-
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		TARY OF STATE	-
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.			<u>1ew</u>
Name of New Registered Agent:			-
New Registered Office Address:	r	la street address	
	Enter Florid		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Add
			Pemove
			Add Remove
			Li Remove
			THOOP -9 P
			COF STATE STATE
			□ Remove
			Add
			Remove

f amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
e effectiv	date, if other than the date of filing:
nted	October 7 , 2014.
	Fusik Turi B
	Signature of a member or authorized representative of a member francisco Touron, III
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STAT