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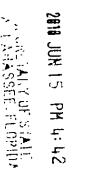
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10: Registration Se Division of Cor			
3XA MEG	AGROUP ENTERPRISES LL	С	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANDRES ZAMUDIO		
		Name of Person	
	ANDRES ZAMUDIO P.A		
		Firm/Company	
	13727 sw 152 st #347		
		Address	
	miami, FL 33177		
		City/State and Zip Code	
	andyzamudiobroker@gmai	l.com to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please or	·	Carony
ANDRES ZAMUDIO		786 2816026	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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

3XA MEGAGROUP ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/27/2017}{1}$ and assigned Florida document number L16000163894 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 13727 SW 152 ST 347 MIAMI, FL 33177 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 13727 SW 152 ST 347 MIAMI, FL 33177 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Florida

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
AMBR	ZAC INVESTMENTS ASSETS OF I	13727 SW 152 ST	
•		MIAMI FL 33177	■ Remove
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fective date if ati	er than the date of fil	06/18/2018	(optional)
n effective date is list	d, the date must be specific	and cannot be prior to date of	filling or more than 90 days	after filing.) Pursuant to 605.03
	ate on the Department of		diory tiling requirements	s, this date will not be listed
			fective time, at 12:	01 a.m. on the earlier
The 90th day af	er the record is file	:d.		
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06/14/2018 ited		[

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00