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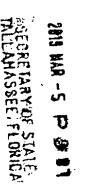
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COVER LETTER

	Registration Sec Division of Corp				
CHD ILC		N ACQUISITIONS LLC	4		
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Limi	ted Liability Company		
The enck	osed Articles of A	Amendment and fee(s) are subt	mitted for filing.		
Please re	aurn all correspo	ndence concerning this matter (to the following:		
			DANIEL D. ĐIAZ		
			Name of Person		
SOVEREIGN ACQUISITIONS LLC					
			Firm/Company		
		11767 SOU	JTH DIXIE HIGHWAY SUITE 12:	3	
			Address		
		·	MIAMI FL 33156		
		SOVEREIGNCON	City/State and Zip Code VSTRUCTION24@GMAHCOM	·	
		E-mail address: ()	to be used for future annual report notifi	cation)	
For furth	ner information co	oncerning this matter, please ca	all:		
DANIE	I, D. DIAZ		786 556-5185		
	Name o	l'Person	Area Code Daytime	Telephone Number	
Enclosed	d is a check for th	ic 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

SOVEREIGN ACQUISITIONS LLC	2015 MAR - 5 P - 48 - 68
(<u>Name of the Limited Liability Com</u> (A Florida Limite	reany as it now appears on our records.7 Ed Liability Company) SECRETARY/QF, STATE/A
The Articles of Organization for this Limited Liability Compa	ny were filed on 9/20 ALL AHASSEE. FLORIDA assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
SOVEREIGN ACQUISITIONS GROUP LLC	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	es 11 and a second content the name of the party
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because of the registered agent and/or the registered agent and/or registered agent and/or registered.	office address on our records, <u>enter the name of the new</u> nere:
Telistered agent and a second a	_
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Furuu sireet aaa ees
	, 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 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
MGR	DANIEL D DIAZ	11767 SOUTH DIXIE HWY STE: 123 MIAMI FL 33156	Add
			□ Remove
			☐ Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			D Add
			□ Remove
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change

2019 (optional) ore than 90 days after filing.) Pursuant to 605.020' g requirements, this date will not be listed as
ime, at 12:01 a.m. on the earlier o
of a member
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