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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	orations				
SUBJECT:	A-1 ASSOCI	ATES GROUP LLO	C		
	Name of Limited Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
•					
	A-1 ASSOCIATES GROUP LLC				
					
	12781 MIRAMAR PARKWAY, SUITE 205				
	Address				
	MIRAMAR FL 33027 City/State and Zip Code				
	info@a-1-associates.com E-mail address: (to be used for future annual report notification)				
	E-mail address: (t	to be used for future annual repo	ort notification)		
For further information co	ncerning this matter, please c	all:			
JOS	E HERAZO	at (_954_)	4324330 X 221		
Name of Person			Daytime Telephone Number		
Enclosed is a check for the	e following amount:				
✓ \$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is en			
			(additional copy is enclosed)		
MAILING ADDRESS:			COURIER ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

09 JUN 19 PM 12: 08
SEGRETARY OF STATE
TALLAHASSEE FLORIDA

A-1 ASSOCIATES GROUP 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 L Florida document numberL0500008		01/26/2005	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	any," the designation "LI	C" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/	or registered office address on	our records, enter th	e name of the new	
registered agent and/or the new registered o				
Name of New Registered Agent:		<u>.</u>		
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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGRM GIOVANNI HERAZO 12781 MIRAMAR PARKWAY ☐ Add Remove SUITE 205 MIRAMAR FL 33027 ☐ Add Remove ☐ Add ☐ Remove Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JUNE 15** 2009 Dated Signature of a member of authorized representative of a member JOSE HERAZO

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00