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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Se Division of Cor			
CHETE		Technologies Group, LLC.		•
SUBJ		Name of Lin	nited Liability Company	
,				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		Ramon A. Alonso		
			Name of Person	<u></u>
		ATG, LLC.		
			Firm/Company	
		8005 SW 158th Court		
			Address	4.444
		Miami, FL 33193		
			City/State and Zip Code	
		ram0n@bellsouth.net	to be used for future annual report notifi	
For five	ther information c	oncerning this matter, please co	•	cauony
		oncerning this matter, please c		
Ramon	A. Alonso		305 979-6698 at ()	201 TALL
	Name of	f Person	Area Code Daytime	Telephone Number AH ASSE
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificació Steffus & Certificació Cópy w (additional copy is esclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advanced Technologies 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 Liability Company were filed on 12/04/2006 and assigned Florida document number __L06000115293 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 "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) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: σ New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
MGR	Melba M. Alonso	8005 SW 158th Court, Miami, FL 2	■ Add
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n effective date is listed te: If the date insert cument's effective d	, the date must be spec ed in this block doe	cific and cannot be pries not meet the app	licable statutory fil:	more than 90 days aft	er filling.) Pu	rstant to 605. not be liste
record specifies he 90th day aft			not an effective	time, at 12:01	a.m. on	the earlie
November 7th		2016				
(1		1/1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00