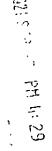
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations					
CHB IDAT.		h Capital Group, LLC					
Name of Limited Liability Company							
The analoga	d Amiolog of	Amondment and foo(s) are sub	mitted for filing				
		Amendment and fee(s) are sub	-				
Please return	all correspo	ndence concerning this matter	to the following:				
		Dodi Thompson					
			Name of Person				
		Cocoa Beach Capital Grou	ıp, LLC				
			Firm/Company	· · · · · · · · · · · · · · · · · · ·			
		380 Commerce Parkway					
			Address				
		Rockledge, FL 32955					
			City/State and Zip Code				
		dodi@karspetro.com	to be used for future annual report n	atification)			
For further i	nformation c	oncerning this matter, please c		our canon)			
Dodi Thomp	oson		321 690-0807				
	Name o	f Person	Area Code Dayı	time Telephone Number			
Enclosed is a	a check for th	e 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)			
	iling Addres gistration S		Street Address: Registration S				
Di	vision of C	orporations	Division of C	Corporations			
	D. Box 632		The Centre of				
ı a	llahassee, F	TL 32314	2410 N. Mon	roe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cocoa Beach Capital 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 September 17, 2007 and assigned Florida document number L07000094773 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 "Li.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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida 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>	Name	Address	Type of Action
AMBR	Dikesh Shah	380 Commerce Parkway, Rockledge, FL 32955	🗆 Add
			■Remove
			□Change
AMBR	Bhupendra Patel (MA)	380 Commerce Parkway, Rockledge, FL 32955	□Add
			■Remove
			□ Change
			□Adđ
			□ Remove
			□Change
			□Add
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