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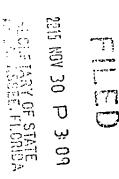
(Re	questor's Name)	
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COVER LETTER ...

Registration Section

Division	i oi Corpa	rations	•			
SUBJECT:	DOW	NSTATE G	ROUP LLC	2		
SUBJECT.				ited Liability Com	pany	
The analoged Au	ialas of Ar	mondment and	foo(s) ore sub-	mittad for filing		
The enclosed Art	icies of Af	nenament and	iee(s) are suo	milited for militg.		
Please return all	correspond	ence concernir	ng this matter	to the following:		
			HUGO	O A CINTRO	N	
				Name of Po	erson	.
			DOWN	NSTATE GRO	OUP LLC	
				Firm/Com	pany	
			1255	53 SPRING	HILL DRIVE	
				Addres	S	
			SPRI	ING HILL,	FL 34609	
		,		City/State and 2	Zip Code	· · · · · · · · · · · · · · · · · · ·
	•	. · · · · · · · · · · · · · · · · · · ·	dowr	nstategrou	peyahoo.com	m Teation)
For further inform	nation con					,
HUG	O A CI	NTRON		at (D = a		_
	Name of P			at (_3.5.2 Area C		2 Telephone Number
Enclosed is a che	eck for the	following amo	unt:			
\$25.00 Filing	g Fee	□ \$30.00 Fili Certificat	ng Fee & e of Status	□ \$55.00 Fil Certified (additional		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati Division (P.O. Box		: j		STREET/COURI Registration Sectio Division of Corpor Clifton Building	n ations
	Tallahass	ee, FL 32314			2661 Executive Ce	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PATE GROUP LLC
(A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on JUNE 09. 2008 and assigned
·	und assigned
Florida document number <u>L08000056864</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	imited liability company here:
an amending name, enter the new name of the n	mice natincy company nere.
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
-	<i>y</i> . <i>y</i>
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD)	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Mutting duaress MAT BE A TOST OFFICE BOAT	
	
D. If amounting the unsistened count and/on un	-:
	gistered office address on our records, <u>enter the name of the</u>
registered agent and/or the new registered office a	
registered agent and/or the new registered office a	ddress here:
registered agent and/or the new registered office ad	
registered agent and/or the new registered office ad	ddress here:

If Changing Registered Agent, Signature of New 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 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
MGRM	HUGO ACINTRON	15255 DYLA WAY	
		SPRING HILL, FL 34609	Æ Remove
			Change
MGR	HUGO A CINTRON	15255 DYLA WAY	,∏ KAdd
		SPRING HILL, FL 34609	□ Remove
			☐ Change
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			Change

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fan ei Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed. NOVEMBER 23,
The	NOVEMBER 23, 2015
The	NOVEMBER 23, 2015 Menature of a member or authorized representative of a member
The	NOVEMBER 23, 2015 I NOVEMBER 23, 2015 I gnature of a member or authorized representative of a member
The	HUGO A CINTRON Typed or printed name of signee
The	HUGO A CINTRON NOVEMBER 23, 2015 HUGO A CINTRON

Filing Fee: \$25.00