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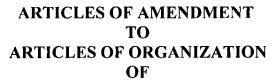
TO: Registration Section Division of Corp					
SUBJECT: CEREBELLUM CAPTAL GROUP, LLC, Name of Limited Liability Company					
	valle of Little	ed Elability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	BORIS	HORNJAK Name of Berron			
		Name of Person			
		Firm/Company			
	1528 RAPHI	S ROYNE BLUD			
	·	Address			
	ENGLEWOR	D, FL 34223			
	bhornjake:	Address PD, FL 34223 City/State and Zip Code Stan Fordalumni, of the best of the control of t	org		
	E=mail address: (1	o be used for future annual report notificat	ion)*		
For further information co	ncerning this matter, please ca	all:			
BORIS H	DRNJAK	at (727), 423-5:	537 elephone Number		
name or	rerson	Area Code & Daytime 10	neprione Number		
Enclosed is a check for the	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)		

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



(Name of the Limited Liability Company of Articles of Organization for this Limited Liability Company of Articles of Organization for the Articles of Organization for this Limited Liability Company of Articles of Organization for this Limited Liability Company of Organization for this Liability Company of Organization for the Articles of Organization for Organization	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{12/00/2008}{}$ and assigned
Florida document number <u>L 0 8000 11 799</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
DIVERSIFIED COMPKNIES, LL	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
	TO VISE
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	6 5.7 =
	ु र र र र र र र र र र र र र र र र र र र
Enter new mailing address, if applicable:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)	53
Truining unitess Milit BEILLOST OF LICE BON	7
B. If amending the registered agent and/or 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Add
			Remove
			Add
			Remove
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D. If amer	nding any other information, enter o	change(s) here: (Attach additional sheet.	s, if necessary.)
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Dated	EERLARY 10 ,2	2010 A	
	(Mullo	4
	Signature of a m	ember or authorized representative of a men	nber
	1/0/1/10/14	Typed or printed name of signee	***************************************

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Filing Fee: \$25.00