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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

JUL - 2 2010

EXAMINER

COVER LETTER

TO: Registration Division of C	Section orporations				
SUBJECT:	National Gr	roup Alliance LLC			
30BdEC1;		ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:	·		
		Luis Rivera			
		Name of Person	,		
	National Group Alliance LLC				
		Firm/Company			
	7651 ASHLEY PARK CT. SUITE 408				
		Address			
	(ORLANDO FL 32835			
		City/State and Zip Code			
	E-mail address: (tinvestpro@ymail.com to be used for future annual report notific	ention)		
For further information	n concerning this matter, please of		anon)		
	Luis Rivera	ar ()	269-7342		
Nam	e of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check fo	r the following amount:		,		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(additional copy is enclosed)		
			i		
MAILING ADDRESS: Registration Section		STREET/COURII Registration Section			
Divi	sion of Corporations Box 6327	Division of Corporations, Clifton Building			
	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Natio	nai Group Alliance LLC	ر	
(Name of the Limited Lia (A Flo	bility Company as it now appea rida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil Florida document number	· · ·	03/03/2010	and assumed SECRE
This amendment is submitted to amend the following			FILED TARY OF OF COR
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	POF S
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Comp	any," the designation "LLC	" of the assertion
Enter new principal offices address, if applicable	e:	÷	
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the nev
Name of New Registered Agent:		Luis Rivera	
New Registered Office Address:			
	E	nter Florida street addres	S
	, 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 <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MGR Luis Rivera 7651 ASHLEY PARK CT. SUITE 408 ✓ Add ORLANDO FL 32835 Remove MGR Allen Agron 7651 ASHLEY PARK CT. SUITE 408 ✓ Remove ORLANDO FL 32835 ☐ Add ☐ Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 21 2010 Dated_ Signature of a member or authorized representative of a member Luis Rivera Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00