Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL GROUP SUPPORT, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL GROUP S	SUPPOR I, LLC	<u>, </u>
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	s on our records.
The Articles of Organization for this Limited Liability Compan Florida document number <u>L10000027744</u>	y were filed on	March 11, 2010 and assigned
This amendment is submitted to amend the following:		
A. If smending name, enter the new name of the limited lis	bility company her	<u>e</u> :
Br Stranger		
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Compa	ny," the designation "LLC" or the abbreviation
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 o registered agent and/or the new registered office address he	office address on o	ur records, enter the name of the new
Name of New Registered Agent		<u> </u>
New Registered Office Address:		
•	Bnt.	er Florida street address
		, 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

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	the Managers or Managing Mem Member being added or removed	ibers on our records, enter the title, name, at i from our records:	ad address of each Manag
MCR = Men MGRM = M	nager auaging Member [†]	•	
<u>[ltle</u>	<u>Name</u>	Address	Type of Action
/IGRM	Gustavo Moron	6843 NW 109 Avenue Miami F1 33178	Add Remove
			<u> </u>
IGRM .	Diana Penso de Moron	6843 NW 109 Avenue Miami, EL 33178	Add Remove
	regards eq.		
VIGR	Guillermo Moron Motello	6843 NW 109 Avenue Miarni, F1 33178	
	» Guillermo Moron Morello	6843 NW 109 Avenue Miami, El 33178	Remove
* }	* - Daret graf	the state of the s	
<u>IGRM</u>	Maria Victoria Moron	6843 NW 109 Avenue Miami, EL 33178	Add ☐ Remove
			[]Add
		\$	Remove
. If amendi		hange(s) here: (Attach additional sheets, if nec	
leted M.	·	2010p. j Henord	
•		omber or authorized representative of a member	———
-		yped or printed name of signee Page 2 of 2	0 MAR 2!

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