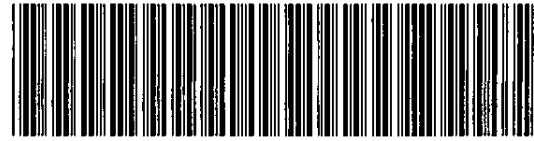


L 10000060718



700191697247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 17 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2011

WESTERN CONSULTING GROUP
OSVALDO MARTINEZ-CLARK
P.O. BOX 451124
MIAMI, FL 33132

SUBJECT: WESTERN CONSULTING GROUP, LLC
Ref. Number: L10000060718

We have received your document for WESTERN CONSULTING GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 211A00002450

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Western Consulting Group, LLC / The Amare Group, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSVALDO MARTINEZ-CLARK
Name of Person

THE AMARE GROUP LLC
Firm/Company

P.O. BOX 451124
Address

MIAMI, FL 33132
City/State and Zip Code

OZCLARK@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSVALDO MARTINEZ-CLARK at (786) 457-1549
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
11 FEB 16 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Western Consulting 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 6/4/2010 and assigned
Florida document number L10000060718.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Amare Group, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" 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: Osvaldo Martinez-Clark
New Registered Office Address: 117 NE 1st Ave #705
Enter Florida street address
Miami, Florida 33132
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.

Osvaldo Martinez-Clark
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>	<u>Type of Action</u>
MGR	Ana Freay	117 NE 1st Ave Suite 705 Miami, FL 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Pedro Martinezclark	P.O. Box 451124 Miami, FL 33132 33245	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 2/12/2011

Ana Freay
Signature of a member or authorized representative of a member

Ana Freay
Typed or printed name of signed