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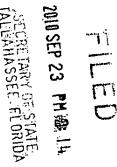
(Requestor's Name)					
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C. LEWIS

SEP 2 4 2010

EXAMINER

COVER LETTER

TO: Registration Division of C			*			
## P1 #	For II o					
SUBJECT:		nstruction Group, LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	spondence concerning this matte	r to the following:				
		David Lopez				
Name of Person						
Dr. G's Franchising Companies, LLC						
		Firm/Company				
	420	O Oakaa Daad Ooka 044				
	438	0 Oakes Road Suite 814 Address				
Davie, FL 33314						
	City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
For further information	n concerning this matter, please of	•	custony			
Sı	usan Vaccarino	at (_407)	421-8169			
Nam	e of Person	Area Code & Daytime	e Telephone Number			
Enclosed is a check fo	r 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

2010 SEP 23 PM @ 14

Franchise Cons (Name of the Limited Liability Constitution (A Florida Limited Limited Liability Constitution)	struction Group, mpany as it now appear ted Liability Company)	LLC , SECRE	TARY OF STATE ASSEE, FLORIDA
The Articles of Organization for this Limited Liability Comp	pany were filed on	9/2/2010	and assigned
Florida document numberL10000092390			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>'e</u> :	
Franchise Pla	nning Group, LLC		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on o	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
Now Registered Office Addition	Enter 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

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 Title Title **Address** Type of Action <u>Name</u> _ Add Remove Remove ☐ Add _ Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 21 2010 Signature of a member or authorized representative of a member David Lopez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00