L11000122754

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
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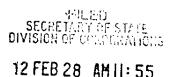
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COVER LETTER

TO:	Registration S Division of Co	Section orporations	* 3		
SUBJE	ECT:	ALIEL	GROUP LLC		
		Name of Lim	ited Liability Company		_
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corr e sp	oondence concerning this matte	r to the following:		
			DANIEL W. HUMBER	Γ	
			Name of Person		
			HUMBERT/LAW		_
			Firm/Company		
12 SE			7TH STREET, SUITE	#606	
			Address		
			City/State and Zip Code	7.7.G	ou @ GMAIL, COM
		E-mail address: (to be used for future annual rep	ort notification)	ou W GMAIL, COM
For furt	ther information	concerning this matter, please of	call:		
	DANIF	EL W. HUMBERT	at (954)	533-8565	
		of Person		Daytime Telephone Num	ber
Enclose	ed 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 e	nclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
	MAIL	LING ADDRESS:	STREET/0	COURIER ADDRESS	:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ALIEL GR (Name of the Limited Liability Compa (A Florida Limited)	OUP LLC Try as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L11000122754	were filed on	10/27/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>'e</u> :	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	900 BISCAYI	NE BOULEVARD	
(Principal office address MUST BE A STREET ADDRESS)	UNIT #0-301		
	MIAMI, FL 33	3132	
Enter new mailing address, if applicable:	900 BISCAYN	NE BOULEVARD	
(Mailing address MAY BE A POST OFFICE BOX)	UNIT #0-301		
	MIAMI, FL 33	3132	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	Eni	ter Florida street addr	ess
		, Florida	
	City	, FIORIGA	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 = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	·		Add Remove
	<u></u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	_
- - -			SEGRETARY DIVISION OF CA
Dated	FEBRUARY 24 ,	2012	AM II: 55
		nember or authorized representative of a member	
		DANIEL W. HUMBERT Typed or printed name of signee	

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Filing Fee: \$25.00