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July 23, 2014

FLORIDA DEPARTMENT OF STATE

Davision of Corporations

CLUSTER BUSINESS SOLUTIONS LLC 60 SW 13TH STREET STE 4006 MIAMI, FL 33130US

SUBJECT: CLUSTER BUSINESS SOLUTIONS LLC

REF: L12000022971

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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) 245-6051.

Neysa Culligan Regulatory Specialist II FAX And. #: E14000173058 Letter Number: 814A00015646

H14000173058

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

CLUSTER	LBUSINESS SOLUTION	NS LLC		
(Name of the Limited (A.)	lability Company as it new appearlorida Limited Liability Company)	re on our records.)		
The Articles of Organization for this Limited Lia	bility Company were filed on	02/16/2012	and assigned	
Florida document number L120000229	071			
This amendment is submitted to amend the follow	ving			
A. If smeading name, enter the new name of t	he limited liability company he	re:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any,* the designation "[LC" or the abbreviation	
Enter new principal offices address, if applicab	ile:	·		
(Principal office address MUST BE A STREET.	ADDRESS			
Enter now mailing address, if applicable:				
Enter new maning address, it applicable: (Mailing address MAY BE A POST OFFICE BO	***			
B. If smending the registered agent and/or registered agent and/or the new registered office		our records, enter t	te mame of the acr	
Name of New Registered Agent:				
Now Registered Office Address:	Era	ter Florida street addr	ess	
· · · · · · · · · · · · · · · · · · ·	Florida			
	City		Zip Code	
low Registered Apent's Signature, if changing Reg	istered 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 statues 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 605 F.S. Or, if this document is being flied to murely 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 Register of Agent

Page 1 of 2

MGR - Manager

P.3

H14000173058

If amending the Managers or Managing Mambers on our records, guter the title, name, and address of each Manager or Managing Mondon being added or removed from our records:

MGRM = Managing Member Title Name <u>Address</u> Type of Action MGRM FEDERICO O BUCETA 60 SW 13 STREET, SUITE 4006 7 Remove Add Remove Remove] Add Remove []Add []Remove]Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 2014 Dated Signature of a member or sufficized representative of a member **FEDERICO O BUCETA** Typed or printed name of signes

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