L12000063584

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J. BRYAN

MAY 2 3 2012

EXAMINER

COVER LETTER

Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

TO:

Division of Corporations			
SUBJECT: THE GETTERS GROUP	LLC		
SODJECI.	d Liability Company)		
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for		
Please return all correspondence concerning th	is matter to:		
FRANCISCO ANDINO			
(Contact Person)	. 1-2		
NEXGEN ACCOUNTANTS LLP	2012 HAY 22 AM 11: 22 TALLAHASSEE, FLORID TALLAHASSEE, FLORID		
(Firm/Company)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
3837 SOUTHSIDE BLVD - STE 6	2 IN OF SSEE		
(Address)	FIST =		
JACKSONVILLE, FL 32216	ATE AND A		
(City/State and Zip Code)			
For further information concerning this matter,	please call:		
	at (904) <u>514-6299</u>		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to	the Florida Department of State for: \$55 Filing Fee &		
<u> </u>	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		GROUP LLC				
(<u>Name of the Limited Li</u> (A Fl	ability Compan orida Limited L	iy as it now appears iability Company)	on our records.			
The Articles of Organization for this Limited Liability Company were filed on			FLORIDA	and assigned		
Florida document number L1200006358	orida document numberL12000063584					
This amendment is submitted to amend the following:						
A If amonding name outpuths now name of th	a limitad liabi	ility aomnany have				
A. If amending name, enter the new name of the	ie imineo napi	иту сопірану неге	•	and assigned		
The new name must be distinguishable and end with t	ha warda "Limit	ted Liebility Compar	w " the designation "	<u>`⊘∹: ~></u>		
"L.L.C."	ne words Emin	ced Diability Compan	iy, the designation	ELEC OF SE INDOORMING		
Enter new principal offices address, if applicable:		2172 DEER RUN TRL				
(Principal office address MUST BE A STREET ADDRESS)		JACKSONVILLE, FL 32246				
		-				
Enter new mailing address, if applicable:		-				
(Mailing address MAY BE A POST OFFICE BOX)						
				·		
B. If amending the registered agent and/or			ur records, <u>enter</u>	the name of the new		
registered agent and/or the new registered offic	<u>e address hero</u>	2:				
	CUDICTIAN	CACTRO				
Name of New Registered Agent:	CHRISTIAN CASTRO					
New Registered Office Address:	2172 DEER RUN TRL					
	Enter Florida street address					
	JAC	KSONVILLE	, Florida	32246		
	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 Type of Action **Title** Name **Address** MGRM GISELA QUESADA 12299 COBBLEFIELD CIR N ☐ Add Remove JACKSONVILLE, FL 32224 CHRISTIAN CASTRO MGRM ✓ Add 2172 DEER RUN TRL ☐ Remove JACKSONVILLE, FL 32246 MGRM LIANG ZHAO **4771 HOOD RD** ✓ Add JACKSONVILLE, FL 32257 Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, CHRIS DALLO, MGRM **NEW ADDRESS:** 2060 WATER CREST DR FLEMING ISLAND, FL 32003 MAY 16TH 2012 Dated ___ Signature of a member or authorized representative of a member CHRISTIAN CASTRO

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00