## 11200159550

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## **COVER LETTER**

TO: Registration Se Division of Cor			
Ocasio Gri	oup, LLC		
30030.01.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	<del>-</del>	
Please return all correspo	ndence concerning this matter	to the following:	
	Hector Ocasio		
	<del></del>	Name of Person	
	Ocasio Group, LLC		
		Firm/Company	<u> </u>
	17113 Miramar Parkway	v. Suite 119	
		Address	
	Miramar, FL 33027		
	hector@ocasiogroup.com	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
Hector Ocasio		305 306-0504 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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

Ocasio Group, LLC					
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Lia Florida document number L12000159550	bility Company 	were filed on 12/21/201	<u> </u>	and assigned	İ
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of t	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designatio	n "1.1.C" or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applical	ble:	17113 Miramar Parkw	ay, Suite 119		
(Principal office address MUST BE A STREET	ADDRESS)	Miramar, FL 33027		<b>=</b>	NIG
			<del></del>	ALG	Sior
Enter new mailing address, if applicable:		17113 Miramar Parkw	ay, Suite 119	29	SECRETARY OF STATE
(Mailing address MAY BE A POST OFFICE B	(OX)	Miramar, FL 33027		3	- 194 - 194 - 194
	<del></del>				
B. If amending the registered agent and/o registered agent and/or the new registered offi			ecords, <u>enter the r</u>	name of th	e new
New Registered Office Address:	17113 Mirama	ar Parkway, Suite 119			
		Enter Florida street address			
	Miramar		Florida <sup>33027</sup>	<del></del>	
New Registered Agent's Signature, if changing Re		City	Ziŗ	r Code	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company	agent and agr and complete ered agent as p	ee to act in this capacity performance of my dut provided for in Chapter	ies, and I am famili 605, F.S. Or, if thi	ar with and s document	I

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		<del></del>	
			□ Remove
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	ist be specific and cannot be prior to date of filing or mo- lock does not meet the applicable statutory filing	
record specifies a delaye he 90th day after the re	d effective date, but not an effective ti cord is filed.	me, at 12:01 a.m. on the earlier o
ed	2018	
	At The state of th	
	Signature of a member of authorized representative	of a member

Page 3 of 3

Filing Fee: \$25.00