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The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Soyaya Leun Name of Person Total Package Bus mess Consultants Group UC Frim Company P. O. Boy 770 le leq Address Orlando Flash and Zip Code Slath dates (to b) used for finue durind report nothic afront For further information concerning this unatter, please call: Carlos Leon Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **S25.00 Filing Fee	TO: Registration Section Division of Corporations
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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

Total Package Business Consultant Group, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Blocked Limited Liability Company)

(A Florida Limit	ed Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L130002665</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
	olpose a management
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6153 Metrowest Blvd
(Principal office address MUST BE A STREET ADDRESS	Orlando Fl 32835
Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE BOX)	84215 Orange Blossom Trai Office 237 & 238 Orlando Fl 32809
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	arlos E Leon
New Registered Office Address:	80 Crested Cir Enter Florida street address
_Or	lando Florida 32837 Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and c accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	omplete performance of my duties, and I am familiar with and tas provided for in Chapter 608, F.S. Or, if this document is fire address, I hereby confirm that the limited liability
, "	Annual wife and Source can will sent interestant to the Waters who Bears and a present

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action Carlos E LEOn P.O. Por 770669 Orlando Fl 32809 Remove MGRM Soraya Leon P.O Box 770669 Add Orlando P1 328 Remove Add Remove **∰**dd Remove Add Remove

D . 1	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Date	ed	July 154 2013.
		Scarodun
		Signature of differ ber or authorized representative of a member
		Soraya Leon
		Typed or printed name of signee

Page 3 of 3

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