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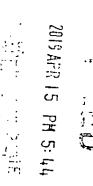
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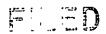
Please return all correspondence concerning this matter to the following:  SOFIA POWELL-COSIO, ESQ  Name of Person  SOFIA POWELL-COSIO PA  Fino/Company  1900 S.W. 3rd Ave  Address  Miami, FlorIda 33129  City/State and Zip Code  dhassan@qkapital.com  P-mail address to be used for future annual report multication)  For further information concerning this matter, please call:  Sofia Powell-Cosio, Esq.  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Pi\frac{\$25.00\text{ Filling Fee}}{Certificate of Status}  \	FO: Registration Sect Division of Corp		•	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  SOFIA POWELL-COSIO, ESQ  Name of Person  SOFIA POWELL-COSIO PA  Firm/Company  1900 S.W. 3rd Ave  Address  Miami, FlorIda 33129  City/State and Zip Code  thussan@qkapital.com  P-mail address: to be used for future annual report notification)  For further information concerning this matter, please call:  Sofia Powell-Cosio, Esq.  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S25.00 Filing Fee} \text{Certificate of Status}	MSA GROU	PLLC		
Name of Person  SOFIA POWELL-COSIO PA  Firm/Company  1900 S.W. 3rd Ave  Address  Miami, FlorIda 33129  City/State and Zip Code  dhassan@qkapital.com  P-mail address to be used for future annual report notification)  For further information concerning this matter, please call:  Sofia Powell-Cosio, Esq.  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$\$\$25.00 Filing Fee  Certificate of Status  Certified Copy  Ladditural copy is enclosed)  Certified Copy  Ladditural copy is enclosed)	,01,01.	Name of Land	ivel I minuty Company	
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■ \$25.00 Filing Fee + □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$00.00 Filing Fee,  Certificate of Status  Certified Copy  Ladditional copy is enclosed)  Certified Copy	Name of	Person	Area Code Daytime	Telephone Number
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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 2061 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MSA GROUP LLC

2019 APR 15 PM 5: 44

(Name of the Limited Lia) (A Flori	ility Company as it now appears o da Limited Liability Company)	on our records.	SME
The Assistance Commission Constitution in the	A MAR	1 - 1 - 1 2011 7 - 2013	m. S. Zi Fl.
The Articles of Organization for this Limited Liability Florida document number L13000034797	Company were filed on array	2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here	2:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the desi	ignation "LLC" or the al	obreviation "L.L,C."
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET ADL			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on o ldress here:	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florado	i street address	<del></del>
		, Florida	Zip Code
Start David and Like 12 are			Zip Code
New Registered Agent's Signature, if changing Register			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my agent as provided for in Cha red office address, I hereby a	y duties, and I am j anter 605, F.S. Or,	familiar with and if this document is

ff Changing Registered Agent, Signature of New Registered Agent

a 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>	Name .	Address	Type of Action
AMBR	ARMANDO AMRAM CHOCRON SILVERA	18851 NE 29 Ave, Sute 104A Aventura, Florata 33180	
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	March 1, 2019	
ffective date, if other than th	e date of filing:	(optional)
an effective date is fisted, the date in	olock does not meet the applicable state	tiling or more than 90 days after filing.) Pursuant to 605.0207 ( story filing requirements, this date will not be listed as a
e record specifies a delayon The 90th day after the re	ed effective date, but not an eff cord is filed.	ective time, at $12{:}01$ a.m. on the earlier of:
ated	2019	
	- June	
	_///	escritative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00