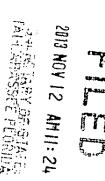
L13000079452

Office Use Only



600253565556

11/12/13--01053--002 **25.00



NOV 1 4 2013

D. BRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIFCT.

Cicera Group, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joaquin A. Alemany

Name of Person

Law Office of Joaquin A. Alemany

Firm/Company

901 Ponce de Leon Boulevard Suite 305

Address

Coral Gables, Florida 33134

City/State and Zip Code

anamaria@alemanylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joaquin A. Alemany

305 442-1755

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

	Cicera Group, LLC	
(Name of the Limited L (A F	iability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lial Florida document number L13000079452	bility Company were filed on June	3, 2013 and assigned
Florida document number	······································	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ole:	27 62
(Principal office address MUST BE A STREET	ADDRESS)	三
		2 × ×
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE B		
		77.
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter l	Florida street address
		, Florida
	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

<u>Title</u>	Name	Address	Type of Action
MGR	Joaquin A. Alemany	901 Ponce de Leon Boulevard	Add
		Suite 305	Remove
		Coral Gables, FL 33134	_
MGRM	Guillermo Villar	901 Ponce de Leon Boulevard	Add
		Suite 305	Remove
		Coral Gables, FL 33134	
			_
			Remove
		Service Control of the Control of th	Add
			Add Remove
			Add Remove

amending any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
October 28	2013
	Signature of a member of a whorized representative of a member
	Signature of சாளிசு செல்லி orized representative of a member Joaquin A. Alemany

Page 3 of 3

Filing Fee: \$25.00

