L13000097069

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CLARA GIRALDO, P.A.
Account Number : 119990000017
Phone : (305)485-9300
Fax Number : (305)485 1098

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DIT GROUP, LLC

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H14000127483

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DIT GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/09/13 and assigned Florida document number L13000097069

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CARLOS A. MORALES

New Registered Office Address: 1024 NW 82 AVE
(enter Florida street address)

DORAL FL Florida 33126
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 605, 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.

X
If Changing Registered Agent, Signature of New Registered Agent

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	MERAZ, CARLOS	1624 NW 82 AVE DORAL, FL. 33126	☐ Add ☐ Remove
MGRM	DE LA VEGA, MOISES	1624 NW 82 AVE DORAL, FL. 33126	☐ Add ☐ Remove
MGRM	MORALES, CARLOS A	1624 NW 82 AVE DORAL, FL 33126	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 20, 2014.

X _____
Signature of a member or authorized representative of a member

CARLOS J. MERAZ.
Typed or printed name of signee

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