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(Re	equestor's Name)	-
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nan	ne)
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJEC		TY GROUP LLC		
SUBJEC	.l: <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspor	idence concerning this matter	to the following:	
		ANDRES HURTADO		
		.	Name of Person	
		PRODEZK INC		
			Firm/Company	
		5040 NW 7TH ST SUITE	705	
		•	Address	
		MIAMI, FL 33126		
			City/State and Zip Code	
		info@prodezk.com		
		E-mail address: (1	to be used for future annual report notifi-	cation)
For furth	er information co	ncerning this matter, please ca	all:	
ANDRE	S HURTADO		305 260-6854 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for the	e 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

LUMINOSITY GROUP LLC		
(<u>Name of the Limited Liability Comp</u> (A Fiorida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L13000163782}{L}$.	y were filed on 11/22/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		Call L T
Enter new mailing address, if applicable:		29 PA
Mailing address MAY BE A POST OFFICE BOX)		13.00 NO.01
3. If amending the registered agent and/or registered orgistered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	The same of the sa	
	Flor	ida 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.

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
MGR	GONZALO JIMENEZ	5040 NW 7TH ST SUITE 705	
		MIAMI, FL 33126	☐ Remove
			Change ;
MGR	SEBASTIAN JIMENEZ	5040 NW 7TH ST SUITE 705	B Add
		MIAMI, FL 33126	Remove
			- Changed
	<u></u>	_	EN GWALE R
			Change
		_	Add
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te: If the date inserted in this b	lock does not meet t	he applicable sta			
ument's effective date on the I	repartment of State	s records.			
record specifies a delaye	d effective date,	, but not an e	effective time,	at 12:01 a.m.	on the earlier
he 90th day after the re	ord is filed.				
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	Podrigo (Signature of a memb	gumenes	<u> </u>		

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Filing Fee: \$25.00