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S. HREELS

COVER LETTER

Div	ision of Cor	porations					
SUBJECT:	EQUUS GROUP, LLC						
3010000		Name of Lin	nited Liability Company				
The enclosed	l Articles of .	Amendment and fee(s) are sub	bmitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		CHRISTIAM CARDENA	AS. ESQ.				
			Name of Person				
		LOUIS A. SUPRASKI, P.	.A.				
			Firm/Company				
		16666 NE 19th Avenue, S	Suite-113				
			Address				
		N. Miami Beach, FL 3316	12				
			City/State and Zip Code				
		SUPRASKI@SUPRASKIL					
			(to be used for future annual report notifi	cation)			
For lurther in	formation co	oncerning this matter, please ca	all:	•			
LOUIS A. SI	UPRASKI, E	ESQ.	305 792-0060				
	Name of	Person		Telephone Number			
Enclosed is a	check for the	e following amount:					
■ \$25.00 Fi	ling Fee	☐ \$30.00 Fiting 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)			
	MAILE	NG ADDRESS:	STREET/COURIE	R ADDRESS.			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2017

CHRISTIAM CARDENAS LOUIS A SUPRASKI, PA 16666 NE 19TH AVENUE, SUITE 113 N MIAMI BEACH, FL 33162

SUBJECT: EQUUS GROUP, LLC Ref. Number: L14000030378

We have received your document for EQUUS GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00021042

2017 BET 27 AM 11:37

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQUUS GROUP, LLC

(Name of the L.	mited Liability Company as it now at (A Florida Limited Liability Compa	opears on our records.)
The Articles of Organization for this Limited Florida document number 1.14000030378	Liability Company were filed or	n <u>02/21/2014</u> and assigned
This amendment is submitted to amend the f	ollowing:	
A. If amending name, enter the new name	of the limited liability compan	<u>v here</u> :
The new name must be distinguishable and contain th	e words "Limited Liability Company," i	the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if app	licable:	
(Principal office address MUST BE A STRI	EET ADDRESS)	
Enter new mailing address, if applicable:	 	
Mailing address MAY BE A POST OFFIC	E BOYS	, to
WALLES MAT DE ATOST OFFICE	<u></u>	
B. If amending the registered agent an egistered agent and/or the new registered Name of New Registered Agent:	d/or registered office address office address here:	on our records, enter the name of the r
New Registered Office Address:	16666 NE 19th Avenue, Suite-	113
		Florida street address
	N. Miami Beach	Florida <u>33162</u>
	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.

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Eduardo J. Gomez	1990 AVE. PUEYRREDON	
		APT-3B	
		BUENOS AIRES 1119A-CP AR	Remove □ Change
AMBR	Eduardo Javier Gomez Quinteros	1111 Kane Concourse	B Add]
		Suite-217	□ Remove
		Bay Harbor Islands, FL 33154	Change
			Change
<u> </u>			
			Remove
			Change
			
			☐ Remove
			Change
			☐ Add
			Change

ffective date, if other than the date of filing: (optional) (optional)		-Barrie Assess III		. Thange(s) her	e: (Attach additi	onde succis, y nec	coomy.j	
Page 3 of 3 The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the comment's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Signature of a member or authorized representative of a member LOUIS A. SUPRASKI, ESQ. Typed or printed name of signee						-		
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