L14000100130

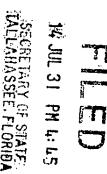
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F. Burch WE 3 0 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cloud Nine Legal Consulting Group, UC Name of Lindited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Pagós Name of Person
Same as above Firm/Company
1 NE 2nd Ave, Suite 200 Address
Miami, FL 33132 City/State and Zip Code
E-mail address: (to be used for fluture annual report notification)
E-mail address: (to be used for fluture annual report notification) For further information concerning this matter, please call:
Tulian Stroleny at (305) 615-1285 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status \$60.00 Filing Fee, Certificate of Status & Certificate of Statu

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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company	Consulting Group, LLC
(Name of the Limited Liability Company (A Florida Banited Lia	y as it now appears on our records.) bility Company
The Articles of Organization for this Limited Liability Company w Florida document number <u>L14000100130</u> .	were filed on $\frac{6/23/14}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabiliand Cloud Nine Bost The new name must be distinguishable and end with the words "Limited Liabiliand".	
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	Same as previous
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	same as previous
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	N/A
New Registered Office Address:	N/A Enter 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u> </u>	Name	<u>Address</u>	Type of Action
		 N/A	Add
			☐ Remove
			Add
			☐ Remove
			Add →
			A Remove 3
			ACCREAMNSSEE, FLORIDA
			P And F
			☐ Remove
			□ Remove

. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The	ective date, if other than the date of filing:
Dat	ed July 25, 2014.
	CON L
	Signature of a member for authorized representative of a member Christopher Pagas
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE