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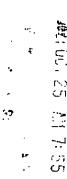
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|----------------|--------------------------------------|--|--|--|
| SUBJE | | RES GROUP LLC | | |
| SOBJE | Ç.I.: | Name of Lim | ited Liability Company | |
| | | Amendment and fee(s) are sub | - | |
| | | SANDEEP PATEL | | |
| | | | Name of Person | |
| | | SP VENTURES GROUP | LLC | |
| | | | Firm/Company | |
| | | 577 BARNES BLVD, STI | E 650 | |
| | | - | Address | |
| | | ROCKLEDGE, FL 32955 | | |
| | | | City/State and Zip Code | |
| | | skpatel@skmgt.com | | |
| | | E-mail address: (| to be used for future annual report not | tification) |
| For furtl | her information co | oncerning this matter, please c | all: | |
| SANDE | EEP PATEL | | 321 636-7110 | |
| | Name of | Person | at () Area Code Daytir | ne Telephone Number |
| Enclosed | d is a check for th | e following amount: | | |
| ■ \$ 25 | .00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | <u>×</u> | Street Address: | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

201 00 125 AN 7:55

| SP VENTURES GROUP LLC | | |
|--|--|---------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our recor Liability Company) | <u>ds.</u>) 학 |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L}14000116171}{\text{L}}$. | y were filed on <u>07/23/2014</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices 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) | | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter | r the name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | SS |
| | | lorida |
| | 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 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 | RASKIN SHAH | 2962 BELLWIND CIR | 🗆 Add |
| | | ROCKLEDGE, FL 32955 | ■Remove |
| | | | Change |
| MGR | JANMA LLC | 1760 CHENEY HWY | ■Add |
| | | TITUSVILLE, FL 32780 | □Remove |
| | | | Change |
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| N/A | | | | | | | | | |
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| an effective date ote: If the dat | , if other tha | ate must be spec this block doe | rific and cannot s not meet th | e applicable | ate of filing or statutory fili | more than 90 d | _ (optional ays after filing ents, this date | e. i Pursuant to 6 | 505.0 |
| cument's effe | ective date on | the Departme | ent of State's | records. | | | | | |
| | es a delayed ef | ffective date, l | but not an eff | ective time. | at 12:01 a.m | on the earlie | er of: (b) T | he 90th day a | fter the |
| ecord specific is filed. | • | | | | | | | | |
| record specific is filed. ited | 10-21 | -21 | · | | | | | | |
| is filed. | | 1-21 | ·_ | · | | | | | |
| is filed. | | | re of a member | | d representativ | e of a member | ···· | | |

Filing Fee: \$25.00