## 14000128492

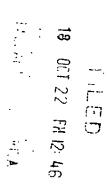
(Requestor's Name)	
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## **COVER LETTER**

то:	Registration Sec Division of Corp			
CUBIT		BAL GROUP , LLC		
SUBJE	sci:	Name of Lim	ited Liability Company	·
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		LUIS GALLO		
			Name of Person	<del></del>
		LUGALLO ACCOUNTIN	IG INC	
		<del> </del>	Firm/Company	<del></del>
		13300 NW 10 STREET		
		<del></del> -	Address	<del></del>
		SUNRISE FL 33323		
			City/State and Zip Code	
		lugallo305@gmail.com		
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
LUIS	GALLO		at () 277 7337 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ <b>\$</b> 2:	5.00 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

VMG GLOBAL GROUP.LLC		
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	
The Articles of Organization for this Limited Liability Corida document number L14000128492	Company were filed on 08/15/2014	and assigned
	<del>_</del> ·	
his amendment is submitted to amend the following:		_
A. If amending name, enter the new name of the lim	nited liability company here:	001
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		필디
Principal office address MUST BE A STREET ADDI	RESS)	₩.
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regis	stered office address on our records	enter the name of the
egistered agent and/or the new registered office add		cites the name of the
Name of New Registered Agent:		
New Registered Office Address:		
The Hadistan Office Hadista.	Enter Florida street address	
	Flo	rida
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARGARITA M UPEGUI RUIZ	1200 BRICKELL BAY DR. STE 3123 MIAMI, FL 33131	<b>=</b> Add
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		<del></del>	Change
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Effective date, if other	than the date of filing: _the date must be specific and car	nnot be prior to date of filing	optio g or more than 90 days after t	<b>nal)</b> Tling.) Pursuant to 605.0207
f an effective date is listed, t	d in this block does not mee	t the applicable statutory	filing requirements, this	date will not be listed as
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Typed or printed name of signee

Filing Fee: \$25.00