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(Re	questor's Name)	
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SEGGE FANY OF STATE
SALLAHASSEE, FLORIDA

K.SALY EXAMINER NOV -6 2015

COVER LETTER

Division of Corpo	orations		
CUDICOT.	MAS GRO	UP GLOBAL, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
]	DANA M. SANTINO, ESQ.	
		Name of Person	
	LAW O	FFICES OF DANA M. SANTI	NO
		Firm/Company	
	7111	FAIRWAY DRIVE, SUITE 300	2
		Address	
	PALM	I BEACH GARDENS, FL 3341	8
	DSANTINO@DMSLAWO	City/State and Zip Code GROUP.COM to be used for future annual report i	
For further information cor	ncerning this matter, please ca	-	iotification)
DANA M. SA	NTINO, ESQ.	561 691	-6045
Name of I	Person	at () Area Code Day	time Telephone Number
Enclosed is a check for the	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:

TO:

Registration Section '

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

FIL	ED
LOID NOV -5	n
ALLAHASSEE.	ΓM 3:31
MASSEE.	FLORIS.

	MAS GROUP GLOBAL, LLC		JENESS PH 3:
(Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	's on our records.')	PM 3: ELAHASSEE, FLORIO
The Articles of Organization for this Limited Li Florida document numberL1500001365	- · ·	JANUARY 22, 2015	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability company he	ere:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the d	esignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)	· · · · · · · · · · · · · · · · · · ·	
		.	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on fice address here:	our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Eatine Flag	ida street address	14-14-14-14-14-14-14-14-14-14-14-14-14-1
	isher Ploi		
	City	Florida	Zìp 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

2015 NOV -5 PM 3: 3/ Type of Action

FALLMANASSEE. FLORIFIA -- Add or removed from our records: MGR = Manager ' AMBR = Authorized Member <u>Title</u> Address Name MGR NATHAN LIEBERMAN 7111 Fairway Drive, Sto Palm Bch Gardens, FL 33418 Remove ☐ Change MGR JESSICA LIEBERMAN 7111 Fairway Drive, Ste 302 **∃** Add Palm Beh Gardens, FL 33418 ☐ Remove _□ Change MGR HARRY STIMPSON 7111 Fairway Drive, Ste 302 Palm Bch Gardens, FL 33418 ☐ Remove ☐ Change 7111 Fairway Drive, Ste 302 MGR ANDRIA MITSAKOS ■ Add Palm Bch Gardens, FL 33418 □ Remove ☐ Change 7111 Fairway Drive, Ste 302 MGR JORGE MORENO ■ Add Palm Beh Gardens, FL 33418 ☐ Remove _□ Change ☐ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.		ILFO
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Signature of a member or authorized representative of a member		\ A.1 P \ ZU

Page 3 of 3

Filing Fee: \$25.00