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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Sec Division of Corp			
CUD IE		RTFOLIO GROUP LLC		
SUBJEC		Name of Limi	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		ELSIE CASTELBLANCO		
			Name of Person	
		EXIT REALTY BRICKEL	_L	
			Firm/Company	
		1110 BRICKELL AVENU	JE SUITE 506	
			Address	
		Miami FL 33131		
			City/State and Zip Code	
		ecastelblanco1@gmail.com		
			to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Elsie Ca	stelblanco		786 280-0593	·
	Name of	`Person	at () Area Code Daytime	Felephone Number
Enclosed	is a check for th	e following amount:		
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional 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

on our records.)
UARY 30, 2015 and assigned
≧ :
ignation "LLC" or the abbreviation "L.L.C."
our records, enter the name of the
506
Florida 33131
ZipCode

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 = M $AMBR = A$	Ianager Luthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Effective date, if other an effective date is listed	her than the date	of filing:	·	-		(opt	ional)	-	
f an effective date is liste Note: If the date inse Nocument's effective	erted in this block d	oes not me	eet the appi	icable statute	ling or more thory filing req	an 90 days afte uirements, th	r filing) Pur is date will	suant to not be	605.0207 listed as
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Dated	56		2015	<u>.</u>					
	E(Signa	Thic nture of a m	ember or au	Wa.4 Thorized repre	sentative of a i	nember			-

Page 3 of 3

Filing Fee: \$25.00