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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LATINIPH GROUP LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mecray tackic-
LATINNET GROUP, LLC
2443 WP Clington Grun Driv
Wellington, FL, 33414
E-mail address: (to be used for future annual export notification)
For further information concerning this matter, please call:
Melfry tachul at 786, 597 - 6373 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \times \text{\$60.00 Filing Fee, 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

TIC 25 514

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	V .	
Catinnet	group,	LLC-
(Name of the Limited	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Lial		2 23 201 5 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company h	<u>ere</u> :
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
		TASE 15
		AR A
Enter new mailing address, if applicable:		10 T
Mailing address MAY BE A POST OFFICE B	OX)	STO P IT
		ت بن ت
	· · · · · ·	ORI OR
B. If amending the registered agent and/or the new registered officers.		
Name of New Registered Agent:		
New Registered Office Address:	G	
	Enter Flo	rida street address
	City	, Florida Zip Code
	CHY	Zip Coue

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

AMBR = AU	itnorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alberto O.	2443 Wellington	
	Bellono	gaen Dr-	Remove
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		Wellington F1,334	14
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			□ Remove
<u> </u>			Add
			□ Remove

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Affective date, if other than th	e date of filing:		(optional)
Effective date, if other than the the effective date must be specific, can the date this document is filed by the F	e date of filing: not be prior to date of receipt or f florida Department of State)	iled date and cannot be more than	(optional) 90 days after
the date this document is filed by the F	e date of filing: not be prior to date of receipt or f lorida Department of State)	led date and cannot be more than	(optional) 90 days after
Effective date, if other than the the effective date must be specific, can the date this document is filed by the Foated 2/27/2015	Florida Department of State)	 Caetaic - B	-
the date this document is filed by the F	Florida Department of State)	-	-

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Filing Fee: \$25.00

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