## L15000043929

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## **COVER LETTER**

TO: Registration So Division of Co			
C T T T T T T T T T T T T T T T T T T T	bal Group, LLC		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fernan restrepo		
		Name of Person	<del></del>
	Totem Global Group, LLC		
		Firm/Company	
	719 Shotgun Road		
		Address	
	Sunrise, FL 33326		
		City/State and Zip Code	
	accounting@rgdevelopment	t.net	
	E-mail address: (	to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
Fernan Restrepo		954 533-6896 at ()	
Name	of Person	Area Code Daytime	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:

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Diability Company)	
The Articles of Organization for this Limited Liability Company Florida document number £15000043929	were filed on 03/11/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" 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 or registered agent and/or the new registered office address her		er the name of the
Name of New Registered Agent:		7 2
New Registered Office Address:		2015 ALL
	Enter Florida street address , Florida	A SSS
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further to performance of my duties, and I at	agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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	Pastora Mujica	719 Shotgun Road	Add
		Sunrise, FL 33326	■ Remove
			Change
MGR	Pastor Mujica	719 Shotgun Road	
		Sunrise, FL 33326	□ Remove
			□ Change
	<del> </del>		D Add
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	<del></del>		Add
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Tective date, if other than neffective date is listed, the date: If the date inserted in tournent's effective date on	te must be specific and cathris block does not meet the Department of State	et the applicable s te's records.	statutory filing red	quirements, this	date will r	not be liste
record specifies a dei The 90th day after the	layed effective date record is filed.	te, but not an	effective time	e, at 12:01 a	i.m on the	he earlie
red May 28		2015			SEC. A	<u>-</u>
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	Signature of a me	mber or authorized	representative of a	member		<del>(V)</del>
	-/			*		

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Filing Fee: \$25.00