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COVER LETTER

Divisio	of Corporations	
SUBJECT:	2ACVM Group, LLC	
nobaleti	Name of Limited Liability Company	
The enclosed A	icles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Victor M. Alvarez	
	Name of Person	
	Firm/Company	~
	1760 NW 22nd Street	
	Address	_
	Míami, Florida 33142	5 12.2
	City/State and Zip Code	
	aburgos@frfirm.com	
	E-mail address: (to be used for future annual report notification)	8 3
For further infor	nation concerning this matter, please call:	
Victor M.Alva	ez 954 3797852 at ()	
	Name of Person Area Code Daytime Telephone Number	F. 17
•		
Enclosed is a ch	eck for the following amount:	
□ \$25.00 Filir	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certifie	ate of Status &

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

ACVM Group, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our rec limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co.	mpany were filed on $\frac{4/29/2015}{}$	and assigned
Florida document number L15000075745	u.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	2
		7 59
Enter new mailing address, if applicable:		The second
(Mailing address MAY BE A POST OFFICE BOX)		(C)
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ords, enter the name of the nev
Name of New Registered Agent		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
	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, a	and address of each perso	n being added
or removed from our records:			

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Monica Castellano	11760 NW 22 Street, Miami Fl 331	≅ ∧dd
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			□ Change
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ocument's effect	tive date on the Depar	tment of State's	records.			7m 7m	****	
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record spec The 90th day	cifies a delayed eff y after the record	fective date, is filed.	but not an	effective tir	ne, at 12:01	. a.m. on	the ea	rlier
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Filing Fee: \$25.00