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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

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COVER LETTER

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TO: Registration Se Division of Cor		·	
	S GROUP LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARCOS REZENDE		
		Name of Person	
	CSG - CAPITAL SERVIC	CES GROUP, INC.	
		Firm/Company	
	446 W HILLSBORO BLV	/D	
		Address	
	DEERFIELD BEACH, FL	. 33441	
		City/State and Zip Code	
	NATALIA@THEWAYGR		
		(to be used for future annual report notification)	
For further information co	oncerning this matter, please c	all:	
NATALIA MEDEIROS		954 427-4770 = 50 SE	
Name of	ſ Person	Area Code Daytime Telephone Number	
Enclosed is a check for th	e following amount:	Shirt of the state	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Ö

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

)		
	and ass	signed
or the abbrev	iation "L	L.C."
		
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	7 in Code	
	SECHTARY OF STATE enter-ASSEE FLORDA	and assorting an

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, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** □ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove Remove Ç Change _ Add □ Remove

☐ Change

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	ASSR -
-	ive date, if other than the date of filing:
Effect	ive date, if other than the date of filing:(optional).
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
	OCTOPER 21
Dated	OCTOBER 31 2015 .
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00