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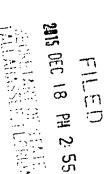
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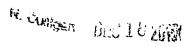
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COVER LETTER

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SURJECT:	CUTLER P	ROJECT GROUP LLC		
SOBJECT.		Name of Lim	ited Liability Company	· .
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		SHAWN CHEMTOV		
		<u> </u>	Name of Person	
		CUTLER PROJECT GRO	UP LLC	
			Firm/Company	 -
		10820 SW 200TH DRIVE	STE OFC	
			Address	·
		MIAMI, FL 33157		·
			City/State and Zip Code	
		SCHEMTOV@CMGCAPI		
		E-mail address: (to be used for future annual report notifi	cation)
For further info	ormation co	oncerning this matter, please ca	all:	
SHAWN CHE	EMTOV		305 455-1800 at ()	
	Name o	Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 Fill	ing 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

FILED 2015 DEC 18 PM 2: 55
SECRETARY OF STATE
TALLAHASSEE, FLORINA

CUTLER PROJECT GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on OCTOBER 28, 2015 and assigned Florida document number L15000183356 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SHAWN CHEMTOV	4141 NE 2ND AVE	
		STE 204-A	■ Remove
		MIAMI, FL 33137	Change
			□ Add
			☐ Remove
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			Remove
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D. If amending any other information		(3) Here: (7111ac/ra	aamonai sneeis, į	j necessury.j	
					
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E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot ock does not meet the	be prior to date of filin e applicable statutory	g or more than 90 day	(optional) s after filing.) Pursuant s, this date will not b	to 605.0207 (3)(b) be listed as the
If the record specifies a delayed (b) The 90th day after the reco	effective date, lord is filed.	but not an effect	ive time, at 12	01 a.m. on the	earlier of:
Dated DECEMBER 15	, 201:	5			
	Signature of a member	r or authorized represer	ntative of a member		
SHAWN CHEMTOV					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00