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| (Requestor's Name) | _ |
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| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | 1 |
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COVER LETTER

| Division of Corp | porations | | | | |
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| OES Group, SUBJECT: | LLC | | | | |
| SUBJECT: | Name of Limi | ted Liability Company | | | |
| The enclosed Articles of A | Amendment and fee(s) are subi | nitted for filing. | | | |
| Please return all correspon | ndence concerning this matter t | to the following: | | | |
| | Michael P. Peterson, Esq. | | | | |
| | | | | | |
| | Peterson, Baldor & Maranges, PLLC | | | | |
| | Firm/Company | | | | |
| | 8000 SW 117th Avenue, St | uite 206 | | | |
| | | Address | - Allender | | |
| | Miami, Florida 33183 | | | | |
| | | City/State and Zip Code | | | |
| | michael@pbmlegal.net | | | | |
| | E-mail address: (t | to be used for future annual report notifi | cation) | | |
| For further information ed | oncerning this matter, please ca | ill: | | | |
| Michael P. Peterson | | 305 270-3773 at () | | | |
| Name of | Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for th | e 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:

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

| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records. iability Company) |) |
|--|--|---|
| The Articles of Organization for this Limited Liability Company of Florida document number L16000022141 | and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity 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) | | 100 = |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | | enter the name of the |
| N. B. C. LOSS AND | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | . Flo | rida |

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------|-------------------------------|--|
| MBR | Casas, Belkis | 8000 SW 117 Avenue, Suite 206 | |
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| | the date of fi | ling: | | (option | al) |
| ective date, if other than | i the dute of H | and cannot be prior t | o date of filing or more t | han 90 days after fil quirements, this d | ing.) Pursuant to 605.03 ate will not be listed |
| ective date, if other than n effective date is listed, the date te: If the date inserted in the | e must be specific | ot meet the applica | ole statutory ming re- | | |
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Filing Fee: \$25.00