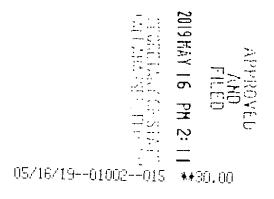
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## **COVER LETTER**

	gistration Sec vision of Corp						
CUDIECT.		Group of South Florida, LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return	n all correspon	dence concerning this matter	to the following:				
		Ahmand R. Johnson, Esq.					
			Name of Person			2019 HAY	
Firm/Company					- · ·		
	100 SE 2nd Street, Miami Tower, Suite 3400					9	
		Miami, Florida 33131	Address			PH 2: 11	
			City/State and Zip Code	<u> </u>			
		ajohnson@diazreus.com					
		E-mail address: (	to be used for future annual report notific	cation)			
For further i	nformation co	ncerning this matter, please co	all:				
Ahmand R.	Johnson		954 598-3625				
	Name of	Person		Telephone Number			
Enclosed is	a check for the	following amount:					
□ <b>\$</b> 25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Statu		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hard Money Group of South Flor			
(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on our reco ed Liability Company)	<u>ərds.</u> )
The Articles of Organization for this Limited	and assigned		
Florida document number L16000037686			
This amendment is submitted to amend the fol	lowing:		2019 HAY
A. If amending name, <u>enter the new name</u>	of the limited li	ability company here:	HAY 16
The new name must be distinguishable and contain the	words "Limited Lia	ability Company," the designation "L	LC" or the abbreviation "blC.
Enter new principal offices address, if appli	cable:		20 <b>2</b> 20
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	S PAVI	100 SE 2nd Street, Miami To	ower, Suite 3400
Maning dualess MAT BE A 1031 OFFICE	<u>BUAJ</u>	Attn: Ahmand R. Johnson, E	sq.
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	Ahmand R. J	ere:	
	Miami	ľ	Florida <sup>33131</sup>
	_	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, Agentare 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>	Address	Type of Action
MGR	Audrey Prince	17340 NW 19th Avenue	□ Add
		Miami Gardens, FL 33056	
			■ Remove
			☐ Change
MGR	Elric Prince	100 SE 2nd Street, Suite 3400, Miami Tower	■ Add
		Miami, Florida 33131	☐ Remove
		Attn: Ahmand R, Johnson, Esq.	
			☐ Change
			□ Add
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Iffective date, if other that an effective date is listed, the date inserted in the date on	te must be specific and this block does not me	cannot be prior to da eet the applicable	e of filing or more than statutory filing requir	(optional) 90 days after filing.) Fements, this date w	Pursuant to 605.020
e record specifies a de The 90th day after the		ate, but not an	effective time, a	at 12:01 a.m. or	n the earlier o
		2019			
May 13		2017			
Dated May 13	,	·	10		
Dated May 13		- A	perceptative of a me		

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Filing Fee: \$25.00