L160000 38938

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COVER LETTER

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CUDI	C.C.		ECT GROUP. LLC	
SUBJE	ССТ:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			RICARDO MAZZINI	
			Name of Person	
			INSTRELECT GROUP, LLC	
			Firm/Company	 .
			7230 NW 58TH STREET	
			Address	
			MIAMI, FL 33166	
			City/State and Zip Code	
		SMARTTAXSOLUTIONS	=	
		E-mail address: ()	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	nll:	
	RICARDO) MAZZINI	786 970-3204	
	Name of	f Person	at () Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2.	5.00 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:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 266 i Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INSTRELECT G		
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number $\frac{L16000038938}{L}$		ny were filed on $\frac{02/24/2}{1}$	016 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	ibility company here:	
INSTRELEC GROUP, LLC			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	N/A	
B. If amending the registered agent and registered agent and/or the new registered of			r records, enter the name of the
Name of New Registered Agent:	IN/A		
New Registered Office Address:	N/A		
		Enter Florida s	treet address
			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 rights 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>	Address	Type of Action
D	JESUS M BELLORIN	AVENIDA VALDELAPARRA # 7	Add
		ALCOBENDAS, MADRID SPAIN	Remove
			Change
			Add
			Remove
			☐ Change
	-		Add
			□ Remove
			Change
		_	Ađd
			Remove
			Change
			□ Remove
			Change Add
			Remove
			CRIATE Change

rective date, if other than the date of filing: O2/24/2016 (optional) effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6653 (g. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed unusual's effective date on the Department of State's records. Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier he 90th day after the record is filed. MARCH 01 When the date of the date of the date is the date of a member of authorized representative of a member of a member of authorized representative of a member o	N/A · ,		
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