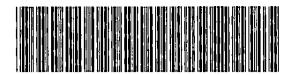
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R. WHITE APR 2 9 2019



COVER LETTER

TO: Registration Sect Division of Corpo	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Sharivette Figueroa Name of Person Eventures Group LLC Firm/Company
	8815 Conray Windermere Rd #227
	Orlando F. 32835 City/State and Zip Code Ovents @ E-mail address: (to be used for future annual report notification)
	·
For further information con	acerning this matter, please call:
Sharive the	Figure VOA at (407) 93(0 - 4332) Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Tournelines	C 0 - 110	2019 ATR 22 AM 10: 37	
(Name of the Limit	Group LLC ted Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)	_
		, , , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited L	iability Company were filed on _	3/2/2010 and	assigned
Florida document number <u> </u>	44262		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company	<u>nere</u> :	
The new name must be distinguishable and contain the w	words "Limited Liability Company," the	designation "LLC" or the abbreviation	ı "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
			
B. If amending the registered agent and/ registered agent and/or the new registered of		on our records, enter the na	me of the nev
	01 : 11 T	/	
Name of New Registered Agent:	Sharive the F	gueroa Gonza	<u> 2102</u>
New Registered Office Address:	8815 Conray	guerva Gonze vindermere Rd F forida street address	± 227
	Orlando City	, Florida <u> </u>	135 ode

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.

Marth how we the males
If Changing Registered Agent Signature of Non 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	
			Add	
			Remove	
			Change	
			Add	
			□ Remove	
			Change	
			□ Add	
			Remove	
			□ Change	
			Remove	
			Change	
			Add	
			🗆 Remove	
			□ Change	
			□ Remove	
			☐ Change	

	
	
Note: If the	date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a day after the record is filed.
Dated	
	Signature of a member organthorized representative of a member
	Sharivette Figueria Gonzalez

Page 3 of 3

Filing Fee: \$25.00