					
(Document Number)					
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AUG 1 8 2016 S. YOUNG

TO: **Registration Section Division of Corporations** AFFARI GROUP LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ANGELO CERRACCHIO Name of Person Firm/Company 11030 NW 43rd TER Address **DORAL, FL 33178** City/State and Zip Code ACERRACCHIO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 954 554-2593 ANGELO CERRACCHIO Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee &

Certificate of Status

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

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

AFFARI GROUP LLC			
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appea a Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on _	07/07/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	ited liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the	designation "LLC" or the	"Yyy 1,5").
Enter new principal offices address, if applicable:			(6) FIG
Principal office address MUST BE A STREET ADDI	<u></u>		17 SSTEE
Enter new mailing address, if applicable:			PM 12: 43
Mailing address MAY BE A POST OFFICE BOX)		,	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, <u>ent</u>	er the name of the p
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street 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, 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ELIEZER RINCON	6001 NW 153rd ST	
		MIAMI LAKE, FL 33014	Add
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E. Effect	ve date, if other than the date of filinective date is listed, the date must be specific at	ng:	(optional)	ureuant to 605 0207 (3)/h
Note:	If the date inserted in this block does not	meet the applicable statuto	ry filing requirements, this date wi	ll not be listed as the
docum	ent's effective date on the Department of	State's records.		
	ord specifies a delayed effective 90th day after the record is filed		ctive time, at 12:01 a.m. or	the earlier of:
	AUGUST 12	2016		
Dated		· 1 1		
		Henned!		
		member or authorized repres	entative of a member	
	ANGELO CERRACCHIO		-	
		Typed or printed name of s	ignee	

E.

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Filing Fee: \$25.00