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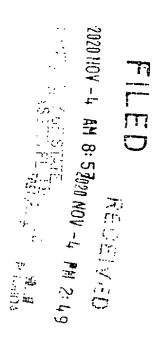
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CAPITAL CONNECTION, INC.

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-				Art of Inc. File
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		GROUP LLC		
SUDJEC	· I :	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		ARLEEN DAVILA		
			Name of Person	
		ADV ACCOUNTING & T	'AX SERVICES LLC	
			Firm/Company	<u> </u>
		12701 S JOHN YOUNG P	KWY SUITE 215	
		····	Address	<u> </u>
		ORLANDO FL 32837		
			City/State and Zip Code	,
		arleendavila@gmail.com		
For furth	er information c	e-mail address: (to be used for future annual report r all:	iotification)
ARLEE	N DAVILA		407 641-0810)
	Name o	f Person		time Telephone Number
Enclosed	l is a check for th	ne following amount:		
E \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5 Division of C P.O. Box 632	Section Corporations 27		Section Corporations of Tallahassee
	Tallahassee,	rl 32314	2413 IN. MOI	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Compa (A Florida Limited)	ny as it now appear Liability Company)	a on our records.)		
The Articles of Organization for this Limited L.	iability Company	were filed on 07	7/21/2016		and ass	igned
lorida document number L16000137286	 ,					
his amendment is submitted to amend the follo	owing:					
. If amending name, enter the new name o	f the limited lish	ility company be	ere.			
g and the new parties of	the minet had	any company ne				
he new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the d	esignation "LLC"	or the abbrevi	iation 'L.	L.C."
nter new principal offices address, if applic	able:			· 经基础	0 X O	וד
Principal office address MUST BE A STREE				::::.	1	·
				67	- 1>-	<u> </u>
				1900	1 8	D
nter new mailing address, if applicable:			BRONSON MEN	IORIAL HV	- <u>ζή</u> -	
Sailing address MAY BE A POST OFFICE	BOX)			[17]		
		KISSIMMEE F	L 34746			
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or regent and/or the new registered office address	egistered office	SUITE 150 KISSIMMEE F address on our r		he name of	the nev	v reg
Name of New Registered Agent:	HELLENY FE	RNANDEZ				
New Registered Office Address:	5770 W IRLO	BRONSON MEM	ORIAL HWY SU	JITE 150		
		Enter Flor	rida street address		•	
	KISSIMMEE		T7)	34746		

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.

00 11

City

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
OWNER	DE TOMA ,JOSE G	5770 W IRLO BRONSON MEMORIAL HWY	□Add
		SUITE 150	≅Remove
		KISSIMMEE FL 34746	
MGR	FERNANDEZ, HELLENY	5770 W IRLO BRONSON MEMORIAL HWY	■ Add
		SUITE 150	□Remove
		KISSIMMEE FL 34746	□Change
			□Add
			Remove
		::: <u></u>	- DAdd
		ົກໄຜ ກາງສີ ກາງສີ	Remove
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			□Add
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