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COVER LETTER

TO:	Registration Sec Division of Corp	
CUDIC		VEL GROUP LLC
SUBJE	CI:	Name of Limited Liability Company
The enc	losed Articles of A	Amendment and fee(s) are submitted for filing.
Please r	eturn all correspon	dence concerning this matter to the following:
		SERGE J MASSAT
		Name of Person
		MASSAT CONSULTING GROUP MIAMI
		Firm/Company
		350 LINCOLN ROAD, SUITE 3031
		Address
		MAIMI BEACH, FL 33139
		City/State and Zip Code
		SJMASSAT@AOL.COM
		E-mail address: (to be used for future annual report notification)
For furt	ner information co	ncerning this matter, please call:
SERGE	JMASSAT	914 441-3109 at ()
	Name of	
Enclose	d is a check for the	e following amount:
\$25	.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
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on AUG Florida document number L16000159979	SUST 25, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	:
The new name must be distinguishable and contain the words "Limited Liability Company," the desi	E C C C
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	ia i
	STA FLOR
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on o registered agent and/or the new registered office address here:	our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	a street address
	, Florida
City	Zip Code

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

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>	<u>Address</u>	Type of Action
MGR	VICTOR MONTOYA	350 LINCOLN ROAD,	≅ Add
		MIAMI BEACH, FL 33139	□ Remove
			□ Change
AMBR	SERGE J MASSAT	350 LINCOLN ROAD,	□ Add
		MIAMI BEACH FL 33139	□ Remove
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he 90th day after the record is filed.	days after filing.) Pursuant to 605. ents, this date will not be liste
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51. huguet	Transport Among
Signature of Amember or authorized representative of a member	r 또면 날
SERGE J MASSAT, AMBR	<u> </u>
Typed or printed name of signee	IARY C

Filing Fee: \$25.00