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SEUTETARY OF STATES TALLAHASSEE FLORIDA

APR 0 7 2017 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor					
CUD IE		Solutions Group, LLC				
SUBJEC	C1:	Name of Lim	ited Liability Company	<u>.</u>		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Rocio Barrig				
	·					
	=					
	77 APR					
		6421 Bella Circle, Unit 30	5	6		
	Boynton Beach, FL 33437					
			City/State and Zip Code			
		myserviceresource@gmail.				
For furth	ner information co	oncerning this matter, please c	to be used for future annual report nall:	ouncation)		
Rocio B	arrig		772 924-7277 at ()			
•	Name o	f Person		time Telephone Number		
Enclosed	d is a check for th	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)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southpoint Solutions Group, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 10/17/16	and assigned
Florida document number L16000191661		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		3 F.
		APR
Enter new mailing address, if applicable:		A S S S S S S S S S S S S S S S S S S S
(Mailing address MAY BE A POST OFFICE BOX)		
		3 OR
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the new-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
		Dip Cour

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

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
MGR	Gabriel Barrig	6421 Bella Circle	□ Add
		Unit 305	Remove
		Boynton Beach, FL 33437	☐ Change
			Add
			□ Remove
			□ Remwe
		 	□ Add PA 2: 3 C Remove
			□ Remover
			Change
			Add
			□ Remove
			Change
		 	Add
			Remove
			□ Change
			Remove
			☐ Change

ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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an effecti ote: If i	date, if other than the date of filing: (optional) (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.	5.0207 (3)(b ted as the
recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl Oth day after the record is filed.	ier of:
ated Ap	oril 5th , 2017	
	Signature of a member of a member of a member	

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Filing Fee: \$25.00