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COVER LETTER

HH. Daniel Okeele

TO:

Registration Section
Division of Corporations

SUBJECT: Ateca Group Corp CLC

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Rafael A Castellano

Name of Person

A teca Grap LLC

Film/Company

11440 Citra Circle Ppt 302

Address

City/State and Zip Code

Costellano 98 Cagnail. can

E-mail address: (to be used fortidure annual report notification)

For further information concerning this matter, please call:

Ratuel Castellany

Name of Person

at (<u>APS</u>) Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallabassee, 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

Alega Brown Store	CORP		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	ils it now appears on our records.) bility Company)	_	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L16000195742</u> .	ere filed on <u>10124116</u>	_ and assigned	
This amendment is submitted to amend the following:		ý,	
A. If amending name, enter the new name of the limited liability A HeCa Group LLC The new name must be distinguishable and contain the words "Limited Liability		viation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		5 5	
<u>-</u>		W 23	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX) -		- 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter th	e name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	ij.	
	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New 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.

ş.

If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
Title	Name	<u>Address</u>	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheet)	s, if necessary.)
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605.0207 (3)(b) ents, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at : (b) The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated Wednesday NOV. 23, 2016.	
Signature d'a member or authorized representative of a membe	CI.
Rafael Castellano	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00