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COVER LETTER

TO: Ro Di	egistration Se ivision of Cor	ction ' porations	.	
		NESS GROUP, LLC		
SUBJECT	:	Name of Limit	ted Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please retu	rn all correspo	ndence concerning this matter t	o the following:	
		LORENZO HURTADO		
			Name of Person	
		L4A BUSINESS GROUP,	LLC	
			Firm/Company	<u>.</u>
		175 SW 7TH ST. SUITE #2	2011	
			Address	
		MIAMI, FL 33130		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		LORELVY@477REALTY.0		
		E-mail address: (to	o be used for future annual report notifica-	ation)
For further	information c	oncerning this matter, please cal	II:	
LORELVY	'HURTADO		305 629-8191	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is	a check for th	ne 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

L4A BUSINESS GROUP, LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L16000200533	were filed on 10/31/2016 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	4116 VISTA LAGO CIRCLE				
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34741				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her					
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Florida				
	City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agrown provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as played to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is				

Page 1 of 3

If Changing Registered Agent, Signature of New Registered A

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
AMBR	LORENZO HURTADO	4116 VISTA LAGO CIRCLE	☐ Add
		KISSIMEE, FL 34741	☐ Remove
			☐ Change
AMBR	LILIANA SILVA	4116 VISTA LAGO CIRCLE	Add
		KISSIMMEE, FL 34741	□ Remove
			■ Change
			☐ Add
			Remove
			Change
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Filing Fee: \$25.00