

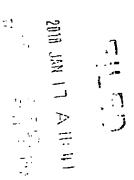
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COVER LETTER

	Registration Se Division of Co			
SUBJEC		O, GROUP, LLC		
SUBJEC	· I ·	Name of Lin	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Sandra R. Calderaro		
			Name of Person	
		Calderaro Tyrrell Law Gr	опр	
			Firm/Company	
		6301 NW 5th Way Suite 2	000	
		-	Address	
		Fort Lauderdale, FL 33309)	
		cbustamante@visamiami.co	City/State and Zip Code	Telephone Number
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information c	oncerning this matter, please ca	all:	ر الم
Claudia l	Bustamante		954 376-6161 at ()	
	Name o	f Person		Telephone Number
Enclosed	is a check for the	he following amount:		
\$25.0	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

MOSCOSO GROOP, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/19/2017	and assigned
Porida document number 1.17000086810		
his amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limited liah</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:	-	- 17
Mailing address MAY BE A POST OFFICE BOX)		
rating address SIZEL BE A FOST OF FICE BUX		
. If amending the registered agent and/or registered o	Man address on our rangeds o	ر. ہے سامہ the name of the r
egistered agent and/or the new registered office address her		mer the name of the n
	_	
Name of New Registered Agent:		
Tame W. New Negation / Igent.		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Eric Sebastian Larrea Rabuda	4332 S Kirkman Rd Apart 1003	■ Add
		Orlando, F1, 32811	Remove
			Change
		,	Remove
			Change
			☐ Remove
			Change
			Add
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tive date, if other than the date of filing:		(ор	tional)
ffective date is listed, the date must be specific and canno 2. If the date inserted in this block does not meet the ment's effective date on the Department of State's	e applicable statutor	ig or more than 90 days af y filing requirements, t	ier filing.) Pursuant to 605.026 his date will not be listed :
ecord specifies a delayed effective date, e 90th day after the record is filed.	but not an effec	rive time, at 12:01	a.m. on the earlier
1 January 02 . 201	s (ku/u	1 4 dh-ma	
	(1/(10/11	ntative of a member	

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Typed or printed name of signee