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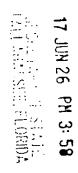
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S. WARREN
JUN 2 7 2017

COVER LETTER

Division of Cor	porations					
MBGroup SUBJECT:	International, LLC					
SUBJECT.		ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	James A. Scott Jr.					
		Name of Person				
	Bogin, Munns & Munns, P	P.A.				
Firm/Company						
	Gateway Center, 1000 Leg	tion Place, Suite 1000				
		Address				
	Orlando, FL 32801					
		City/State and Zip Code				
	jscott@boginmunns.com					
	E-mail address: ()	to be used for future annual report notif	ication)			
For further information c	oncerning this matter, please ca	ill;				
James A. Scott Jr.		at () 578-1334 Area Code Daytime				
Name o	f Person	Area Code Daytime	2 Telephone Number			
Enclosed is a check for the	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

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

MBGroup International, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 15, 2017 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 designation "LLC" or the abbreviation "LLC." 8023 Chilton Dr. Enter new principal offices address, if applicable: Orlando, Florida 32836 (Principal office address MUST BE A STREET ADDRESS) 8023 Chilton Dr. Enter new mailing address, if applicable: Orlando, Florida 32836 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 8023 Chilton Dr. New Registered Office Address: Enter Florida street address Orlando

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

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 _□ Add _□ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add □ Remove _□ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove

famending any other informat	on, enter change(s) here. 7,4	uuch alamma sneets, y ne	cessury.)	
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	Signature of a momber or authorized	representative of a member		
James A Scott Jr., Esq.			47 J	
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Filing Fee: \$25.00