L17000139332

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECKE MARKET FLORID

K. SALY JUL 1 4 2017

COVER LETTER

TO:

Registration Section Division of Corporations

subject: ASSO	ciated Energy Name of Limit	34 Group + -	Investments, LLC
	mendment and fee(s) are sub-	_	
	<u>Alex</u>	Name of Person	Hivez
		Firm/Company	
		Address Aug	
	alex.	City/State and Zip Code Artinez 331 to be used for future annual rep	3789mail.com
	MaAlvez		30-1244 Daytime Telephone Number
Name of I Enclosed is a check for the		Area Code	Daytime Telephone Number
	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 sec. FL 32314	Registration Division of Clifton Buil	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2017 JUL 13 PK 4: 88

Liability Company as it now appears on our records.) Florida Limited Liability Company)

11700-126 220	
Florida document number <u>L17000139332</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Aramar Group, LLC	_
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable: 15845 Sw 153 Aven (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33/87	<u>e</u>
(Principal office address MUST BE A STREET ADDRESS) Miami, FL 33187	_
Enter new mailing address, if applicable: Same as above	_
	_
(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 registered agent and/or the new registered office address here:	new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	_
, Florida	
City Florida	
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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sonia Aragon	10321 SW 136 C+ Miami, FL 3318	Add
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an effec ote:	e date, if other than the tive date is listed, the date mus if the date inserted in this blo nt's effective date on the De	at be specific and can ock does not meet	not be prior to date of the applicable sta	2017 of filing or more than s autory filing require	(optional) 00 days after filing.) ements, this date	Pursuant to 605,0207 (, will not be listed as th
	ord specifies a delayed 90th day after the rec		, but not an e	ffective time, a	t 12:01 a.m. (on the earlier of:
	07/03	<u> </u>	2017			
ated _						
ated _)//			
ated _	·	Signature of a mem	bor or authorized re	presentative of a men	nber	

Page 3 of 3

Filing Fee: \$25.00