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(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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TO:		ation Secti n of Corpo		· · · · · · · · · · · · · · · · · · ·		
SUBJE	L.(C. CROUP	SAC IMPORT EXPORT LI	LC		
SOBJE	c		Name of Lim	ited Liability Company		······
The encl	losed Ar	ticles of An	nendment and fee(s) are sub	mitted for filing.		
Please re	eturn all	correspond	ence concerning this matter	to the following:		
				Eduardo M . MAURIZ	Z	
				Name of Person		
				2 GROUP SA	CILIPORT	Export
				Firm/Company		
			3800	South Ocean Dr . Suite	1719	
				Address		· · · · · · · · · · · · · · · · · · ·
				Hollywood.Florida.3301	9.	
				City/State and Zip Code	-	
				distributors@gmail.com		
			E-mail address: (to be used for future annual	report notification	on)
For furth	er infor	nation cond	erning this matter, please ca	all:		
	Ec	luardo M. N	MAURIZ	954 38 at ()	11 9322	
· · · · · ·		Name of Po	erson	Area Code	Daytime Tele	phone Number
Enclosed	is a che	ck for the f	ollowing amount:			
\$25.0			■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on March, 19 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
n/a		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a	
Principal office address MUST BE A STREET ADDRESS	0	E A
		70 A 7
		SS
Enter new mailing address, if applicable:	n/a	
Mailing address MAY BE A POST OFFICE BOX)		မှ 5
011100 0010		9 5 6
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		er the name of the n
Name of New Registered Agent: n/a		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code

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, 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
Mgr	Jorge A. CANCHO Mauriz	3800 S.Ocean Dr Ste1719 Hollywo	Add
			☐ Remove
			Change
Mgr	Luis E. CANCHO Mauriz	3800 S.Ocean Dr,Ste 1719 Ho;;ywc	
			☐ Remove
			Change
N/A			□ Add
			Remove
			Change
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Tective date, if other than the date in effective date is listed, the date must be tee: If the date inserted in this block cument's effective date on the Depart	specific and cannot be prior to a does not meet the applicable	date of filing or more than 90 days	ptional) after filing.) Pursuant to 605.02 this date will not be listed a
record specifies a delayed ef The 90th day after the record		an effective time, at 12:0	1 a.m. on the earlier
April ,24th	, 2018	· ()	
		aure	
	nature of a member or authoriz		

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Filing Fee: \$25.00