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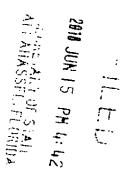
(Re	equestor's Name)	
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## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	FERRANDO	O GROUP, LLC		
	· · ·	Name of Limi	ted Liability Company	
The enclosed	I Articles of A	smendment and fee(s) are sub-	nitted for filing.	
		dence concerning this matter	-	
		NAHIMA MUSTAFA		
			Name of Person	
			Firm/Company	
333 SE 2ND AVE SUITE 2000				
		·	Address	
		MIAMI, FL 33131		
			City/State and Zip Code	=====
		NAHIMUS@ICLOUD.COM	M o be used for future annual report n	
			·	louncation)
For further in	nformation co	ncerning this matter, please ca	ll:	
NAHIMA N	1USTAFA		786 6833180	
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed is a	check for the	: following amount:		
■ \$25.00 F	iling 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:

TO:

**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

FERRANDO GROUP, LLC					
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on I Liability Company)	our records.)		
The Articles of Organization for this Limited I	iability Compan	y were filed on $\frac{04/24/2}{2}$	2018	and ass	igned
Florida document number L18000105695	<del>.</del>				
his amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lia	bility company here:			
N/A					
he new name must be distinguishable and contain the	words "Limited Lial	bility Company," the design	nation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if appli	cable:	N/A			
Principal office address MUST BE A STRE	ET ADDRESS)			22	
					<del></del>
Inter new mailing address, if applicable:		N/A			F "
Mailing address MAY BE A POST OFFICE	E BOX)			<u> </u>	11.
		<del></del>		103 113 113	<u> </u>
				#2	
<ol> <li>If amending the registered agent and registered agent and/or the new registered of the new registered.</li> </ol>			r records, <u>ente</u>	r the name	of the n
egistered agent and/or the new registered to	office address no	re.			
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
	-	Enter Florida s	street address		
			, Florida _		
		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, 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
MBR	BRAULIO FERRANDO	7825 NW 107 AVE #422	■ ∧dd
		DORAL, FL 33178	☐ Remove
			☐ Change
			□ Remove
			Change
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		: 42 AIL 1910
		<u> </u>
tive date, if other than the date of filing:	(optional)	
ffective date is listed, the date must be specific and cannot be prior to date of filing or  If the date inserted in this block does not meet the applicable statutory fil	r more than 90 days after filing \	Pursuant to 605
ment's effective date on the Department of State's records.	mg requirements, this date t	om not be fist
ecord specifies a delayed effective date, but not an effective e 90th day after the record is filed.	e time, at 12:01 a.m. o	on the earli
e sour day diter the record is med.		
JUNE 6TH 2018		
$\Omega = 1/l$		
Signature of a meyber or authorized representati		

Page 3 of 3

Filing Fee: \$25.00