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COVER LETTER

Registration Section **Division of Corporations** HOUSE OF C GROUP, LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Caridad Nivar Mejía Name of Person House of C Group, LLC Firm/Company 14301 SW 258 Lane #4301 Address Homestead, FL 33032 City/State and Zip Code houseofcgroup@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 3236998 Caridad Nivar Mejía Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee &

Certificate of Status

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOUSE OF C GROUP, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on May 7, 2018 and	d assigned
Torida document number L18000114494	<u>-</u>	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	_ 9
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		2 22
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>-</u> ∴
		N 2
B. If amending the registered agent and/or registered agent and/or the new registered office address and the Name of New Registered Agent:	ered office address on our records, <u>enter the na</u> ess here:	me of the
tranic of thew registered Agent.		
New Registered Office Address:		
	Enter Florida 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>Γitle</u>	<u>Name</u>	Address	Type of Action
MGR	Caridad Nivar Mejía	14301 SW 258 Lane #4301	a Add
_		Homestead, FL 33032	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Remove
			Change

Effective date, if other than the date of filing: ((If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date instend in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The 90th day after the record is filed. Dated May 16 2018 Signature of a member or authorized representative of a member	If amending any o	ther information,	enter chang	ge(s) here:	(Attach ada	litional shee	ets, if necess	ary.)	
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Filing Fee: \$25.00