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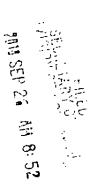
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N. CAUSSEAUX OCT 1 - 2018

COVER LETTER

TO:		tration Secti on of Corpo		s			
SUBJ.	ፑ ርፕ፡			COMP	SON BOCA GROUP	, LLC	
<i>5</i> 003	LC1			Name of Lir	nited Liability Company		
The en	iclosed A	rticles of An	nendme	ent and fee(s) are sui	bmitted for filing.		
Please	return al	l correspond	ence co	ncerning this matter	r to the following:		
				ROBERT COM	1PARATO		
					Name of Person		
				COMPSON BO	CA GROUP, LLC		
					Firm/Company	-	
				36 SE 3RD	STREET		
					Address	<u></u>	
				BOCA RATON	, FL 33432		
					City/State and Zip Code		
		_	_	COMPSON@GA			
				E-mail address:	(to be used for future annual:	report notification	on)
For furt	her infor	mation conc	erning	this matter, please c	eall:		
B1	laine	Dickens	son,	Esq.	at (561) 3	91-1900	
		Name of Pe	rson		Area Code	Daytime Tele	ephone Number
	d is a ch	eck for the fo	ollowin	g amount:			
Š \$25	.00 Filin	g Fee E		00 Filing Fee & tificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

روند. الرون يون

	SON BOCA GROUP, I		
(Name of the Limited Lia (A Flo	bility Company as it now appe orida Limited Liability Company	ars on our records.)	- S 2
The Articles of Organization for this Limited Liabilit	y Company were filed on _	7/20/18	and assigned
Florida document number L18000175495			op V
This amendment is submitted to amend the following	T.		,~~
A. If amending name, enter the new name of the l	imited liability company l	<u>nere</u> :	
The new name must be distinguishable and contain the words	Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET AD	DRESS)		
		_ -	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address o ddress here:	n our records, <u>ente</u>	r the name of the ne
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	Enter Flo	orida street address	
	Cin	, Florida _	Zin Code
	CH F		ZAU COUP

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		
MGR	Carl Klepper, Jr.	36 SE 3rd Street	<u>X</u> Add		
		Boca Raton, FL 33432	Remove		
		-	□ Change		
	· · · · · · · · · · · · · · · · · · ·				
		<u> </u>	□ Remove		
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