118000216480

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration Sec Division of Corp | ction porations | | | | |
|-----------|--------------------------------------|--|---|--|--|--|
| E110 1127 | | iness Group LLC | | | | |
| SUBJEC | Name of Limited Liability Company | | | | | |
| The encl | osed Articles of / | Amendment and fee(s) are subr | mitted for filing. | | | |
| Please re | turn all correspoi | ndence concerning this matter (| to the following: | | | |
| | | Erick Puentes | | | | |
| | | Online Business Group | Name of Person | · | | |
| | | 8318 NW 56th St | Firm/Company | | | |
| | | Miami FL 33166 | Address | | | |
| | | erickpuentes@yahoo.com | City/State and Zip Code | | | |
| | | E-mail address; (t | o be used for future annual report notific | cation) | | |
| For furth | er information co | oncerning this matter, please ca | ill: | | | |
| Erick Pu | | | 786 261-7304 at () | | | |
| | Name of | Person | Area Code Daytime | Telephone Number | | |
| Enclosed | l is a check for th | e following amount: | | | | |
| \$25.6 | 00 Filing 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:

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

| Online Business Group LLC | | |
|--|---|---------------------------|
| (Name of the Limited Liah (A Flor | ility Company as it now appears on our records.) ida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | Company were filed on 9.11.2018 | and assigned |
| Florida document number L18000216480 | | _ |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | ORESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2018 SET |
| | | SEP 2 |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ac | | nter the name of them |
| Name of New Registered Agent: | | 35 |
| New Registered Office Address: | C. Ch. H. | |
| | Enter Florida street address | |
| | , Florid | aZip Code |
| | CIL | AH COHE |

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 |
|--------------|---------------|------------------------------------|------------------|
| Mr | Erick Puentes | 8318 NW 56th St, Miami FL 33166 | ■ Add |
| | | | ☐ Remove |
| | | | □ Change |
| | | | □ Add |
| | | | Remove |
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| | 9.25.2018 | |
| (If an ef <u>Note:</u> | ive date, if other than the date of filing: [cetive 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records. | 207 (3)(as the |
| f the rea b) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed. | of: |
| | Sept 17. 2018. | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00