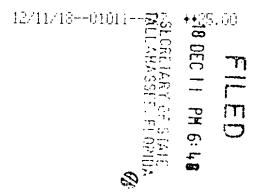
## 118000230013

(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
Fractal Gro	oup LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Delvis R Alduen		
	<del></del>	Name of Person	
	Fractal Group LLC		
		Firm/Company	
	4946 SW 166 ave		
	Miramar FL 33027	Address	
		City/State and Zip Code	
	ralduen@yahoo.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Delvis R Alduen		954 559-5851	
Name c	of Person		: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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:

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 Liabi	lity Company as it now appears on our recor	
(A Floric	lity Company as it now appears on our recorda Limited Liability Company)	<u></u> ,
The Articles of Organization for this Limited Liability (Florida document number L18000230013	Company were filed on September 27, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lic	mited Liability Company," the designation "LL	.C" or the appreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	Service PP III
Enter new mailing address, if applicable:		700 PM
(Mailing address MAY BE A POST OFFICE BOX)		*****
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess .
	F	lorida

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>	<u>Address</u>	Type of Action
MGR	FELIX PABLO PARENTINI AUDA	7950 nw 53 St. ste 337 Miami FI 33166	■ Add
		·	- Add
			☐ Remove
			□ Change
			Li Kenjove
			☐ Change
<del></del>		-	Add
			SEURL JARY
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	<i>3</i> 9.
ective date, if other than the date of filing:	(optional) iling or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable statut cument's effective date on the Department of State's records.	tory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
Dece la E 2010	
December 5 2018	
Signature of a number or authorized repre	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00