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FALL ARASSEE, FLORIDA

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COVER LETTER

TC	D: Registration Se Division of Cor			
SH	Cloud Group	up, LLC		
.,		Name of Limit	ed Liability Company	
Th	e enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Ple	ease return all correspo	ondence concerning this matter to	o the following:	
		Marcelo Crespo		
			Name of Person	
		2027 S IAJ 27th Avenue No	Firm/Company	
		2937 S.W. 27th Avenue, No	. 104,	
		Coconut Grove, Florida 331	Address 33	
		Marlena@marrerotitle.com	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notif	ication)
Fo	r further information c	oncerning this matter, please ca	II:	
M-	arcelo Crespo	nt Person	305 846-9831 at ()	Telephone Number
	:Vaine 0	II Fetson	Area Code Dayime	Terephone Number
En	nclosed 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:

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

CLOUD GROUP, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our red Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
lorida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	iability company here:	
I/A		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	SEU ACTION
Principal office address MUST BE A STREET ADDRESS	2	Alexander Services
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		- Company of the Comp
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent: N/A		cords, enter the name of the
Name of New 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jose Marrero	3802 N.E. 207 Street	
		No. 1101	
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		Aventura, FL 33180	
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Effective date, if other than the date of filing:	(optional)
f an effective date is listed, the date must be specific and cannot be pr	ior to date of filing or more than 90 days after filing.) Pursuant to 605.02 licable statutory filing requirements, this date will not be listed
document's effective date on the Department of State's recor	ds.
The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier
December 10, 2018	
Dated	
	uthorized representative of a member