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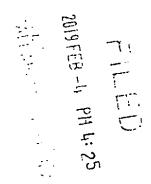
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COVER LETTER

Division of Co	orporations		
	al Trade Group, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	John Terhune, Esq.		
		Name of Person	
	RTB Group, LLC		
		Firm/Company	
	3521 Sandy Ridge Trail		
	-	Address	
	Deland, Florida 32724		
		City/State and Zip Code	
	theqtrainer@gmail.com	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca		cution)
John Terhune		386 804-9243	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the 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

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

X-Ponential Trade Group, LLC.		
(Name of the Limited Lightlity (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L19000004700	ompany were filed on January 2, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted <u>liability company here</u> :	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	ESS)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		100
		F 77
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		F,
		5
		47
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	tyner r torida street (daress	
	, Floric	la Zip Code
	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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		27.431.41	
		<u></u>	■ Remove
			Change
AMBR	Albert Muir	19046 Bruce B. Downs Blvd. #1073 Tampa Florida 33647-2434	Add
			Remove
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Note: If	e date, if other that tive date is listed, the da i the date inserted in the seffective date on	this block does not	t meet the applicab	date of filing or more to	(optional) han 90 days after filing.) Pr quirements, this date wil	arsuant to 605.020 If not be listed a.
	ord specifies a de BOth day after the			an effective time	e, at 12:01 a.m. on	the earlier o
Ja Dated	inuary 23rd		2019			
	- Ilan	(4 .11	Lunes	_		
<u> </u>		100		zed representative of a		

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Filing Fee: \$25.00