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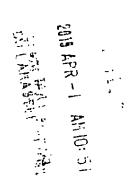
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COVER LETTER

TO: Registration Se Division of Cor				وقع
SUBJECT:	ROMISSU Name of Lim	M GROUP ited Liability Company	LLC	
				45
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		24. 97.
Please return all correspo	ndence concerning this matter	to the following:		<i>\$</i> * .
	Carlos &	E. Bermudi:	2-	
		Name of Person		
	NCI Consu	Hing Group L	.LC	
	8200 NW =	41st Street Ste	200	
	Doral	FL 3316	6	
		City/State and Zip Code		
		ncicalle. www	Harlan V	
	·	•	ication)	
For further information of Carlos E.	oncerning this matter, please c Bermull 7	at 786 , 266	B195	
Name o	f Person		Telephone Number	
Enclosed is a check for th	ne following amount:			
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

PROMISSUM 6ROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number $\angle 1900063142$. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

__, Florida <u>__</u>

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 Title Name | Address Type of Action 8200 NW 4154 Street Ste 200 FEBRES, NAPOLEON □ Add ☐ Change FEBRES, LUIS NAPOLEON 8200 NW 41st Street Ste 200 MADE ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \square Add ☐ Remove □ Change _□ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change

Dated	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
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Signature of a member or authorized representative of a member	
	Dated 03/26 2019.
	Signiture of a member or authorized representative of a member
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00