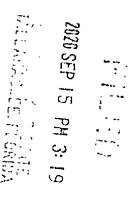
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COVER LETTER

Registration Section

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Division of C	Corporations	4	
	TY KABOT CONSULTANTS. LI	.C	
BJECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub spondence concerning this matter		
	ELIANA DELGADO		
		Name of Person	-
	THE SARIOL GROUP, L	LC	702
		Firm/Company	a SE
	8200 NW 41ST STREET.	SUITE 315	2020 SEP 15
		Address	
	DORAL, FLORIDA 3316	6	PA 30
		City/State and Zip Code	0 वर्ष
	asistenciaejecutivaglobal@	gmail.com to be used for future annual report noti	fication)
For further information	on concerning this matter, please c		,
ELIANA DELGADO	_		111.0550
	ne of Person		2168552 ne Telephone Number
		·	
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fed	€ \$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)
Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 33	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company (A Florida Limited Liability Company)	vas it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number L19000066908	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
2GETHER AND THE GREAT. LLC	
The new name must be distinguishable and contain the words "Limited Liability	- · · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	2920
(Principal office address MUST BE A STREET ADDRESS)	SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1.5 PH 3 19
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the n</u>
Name of New Registered Agent:	<u> </u>
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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

4GR = Manager AMBR = Authorized Member

<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00