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| | nsulting Group, LLC | | | |
| · | Name of Limi | ted Liability Company | | |
| ed Articles of A | Amendment and fee(s) are sub- | nitted for filing. | | |
| rn all correspor | idence concerning this matter t | to the following: | | |
| | Ralph Cheriza | | | |
| | | Name of Person | | · |
| | Cheriza Consulting Group, | LLC | | |
| | | Firm√Company | | |
| | 6162 Sherwood Glen Way | Apt. 3 | | |
| | | Address | | |
| | West Palm Beach, FL 3341 | 5 | | |
| | | City/State and Zip Code ail.com | | |
| | E-mail address: (1 | o be used for future annual re | port notification) | |
| information co | ncerning this matter, please ca | ill: | | |
| eriza | | | 3735 | |
| Name of | Person | Area Code | Daytime Telephor | ne Number |
| s a check for th | e following amount: | | | |
| Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55,00 Filing Fee & Certified Copy tadditional copy is enclo | sed) | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | information coeriza Name of | Name of Limited Articles of Amendment and fee(s) are substructed Articles of Amendment and fee(s) are substructed and correspondence concerning this matter is Ralph Cheriza Cheriza Consulting Group, 6162 Sherwood Glen Way and West Palm Beach, FL 3341 Cherizaconsultinggroup@gm E-mail address: (to information concerning this matter, please caseriza Name of Person S a check for the following amount: Filing Fee S 30.00 Filing Fee & | Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. rn all correspondence concerning this matter to the following: Ralph Cheriza Name of Person Cheriza Consulting Group, LLC Finn/Company 6162 Sherwood Glen Way Apt. 3 Address West Palm Beach, FL 33415 City/State and Zip Code cherizaconsultinggroup@gmail.com E-mail address: (to be used for future annual re information concerning this matter, please call: eriza Name of Person S a check for the following amount: Filing Fee S 30.00 Filing Fee & Certified Copy | Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. rn all correspondence concerning this matter to the following: Ralph Cheriza Name of Person Cheriza Consulting Group, LLC Firm/Company 6162 Sherwood Glen Way Apt. 3 Address West Palm Beach, FL 33415 City/State and Zip Code cherizaconsultinggroup@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: eriza Name of Person Total Code Area Code Daytime Telephores s a check for the following amount: Filing Fee \$30.00 Filing Fee |

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

Cheriza Consulting Group, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/21/2019 _____ and assigned Florida document number L19000079406 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Cheriza Group, LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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 __. Florida ___

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 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> | Address | Type of Action |
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| Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the | ust be specific and can block does not meet | not be prior to date the applicable st | of filing or more than 90 atutory filing requirer | (optional) days after filing.) Pursuant ments, this date will not be | to 605,0207 (3 be listed as th |
| the record specifies a delayo The 90th day after the re | ed effective date cord is filed. | e, but not an e | effective time, at | 12:01 a.m. on the | earlier of: |
| Dated | 2 | 019 | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00