(Re	questor's Name)	
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COVER LETTER

T0:	Registration Se Division of Cor		•		
CUBI	River of Gr	ass Technologies, LLC			
วกหา	ECT:	Name of Limi	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	e return all correspo	ndence concerning this matter	to the following:		
		Aneika Crespo			
		River of Grass Technologic	Name of Person		
		12555 Orange Drive Suite	Firm/Company 250		
		Davie, Florida 33330	Address		
		crespomx@gmail.com	City/State and Zip Code		
			to be used for future annual rep	ort notification)	
For fu	irther information c	oncerning this matter, please co	all:		
Ancil	ka Crespo		786 515-7		
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclo	sed 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 tadditional copy is enclose	ed) Certified C	of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

T0:

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record hability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.19000218068	were filed on August 26, 2019	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12555 Orange Drive, Ste 250	
(Principal office address MUST BE A STREET ADDRESS)	Davie, Florida 33330	201
		15 B
Enter new mailing address, if applicable:	<u> </u>	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		P ::
		<u> </u>
		₩ 9
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		is, <u>enter the name of the ne</u>
Name of New Registered Agent:		·
New Registered Office Address:		
-	Enter Florida street addre.	PSS
		lorida
	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
AMBR	Excel Strategy Solutions, LLC	c/o 6625 Miami Lakes Drive Ste 365	
			■ Remove
			Change
			Add
			Remove
			□ Change
			Add
			☐ Remove
			Change
			
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Filing Fee: \$25.00