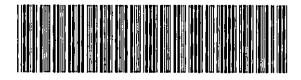
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COVER LETTER

TO: Registration Se Division of Co		
SUBJECT: 7	Black Lion Group, LLC Name of Limited Liability Company	_
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	Leonardo Padron-Herr	nes
	Black Lion Group, LLC	
	7210 Wisteria ave	
	Park Land FL 33076	
	City/State and Zip Code Leopadron O2150 gmail.com E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
	Padron-Hermes at 186, 909-9100	
Name c	of Person Area Code Daytime Telephone Nur	nher
Enclosed is a check for t	the following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certified Copy (Certified Copy) (Cert	0 Filing Fee. ficate of Status & fied Copy conal copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Black Lion C	PROUP L.L.C	_		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on o imited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 2000001a9</u>	mpany were filed on	106/20 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	TROUB LLC	_		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<u> </u>	20		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	2		
		-6		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	6			
		<u>ာ</u> တ		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	s, <u>enter the name of the new registere</u>		
Name of New Registered Agent:				
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

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** Type of Action CFO Horacio CRUZ 2828 Coral Way #204 Made Miami, FL 33145 Remove ____ Change □Add _____ □Remove Change Remove ු රා DChange _____ □Remove _____ □Change ____ □Remove ______Add _____ □Remove

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effective	date is listed, the d	ate must be specif	ic and cannot l			90 days after tilii	ng.) Pursuant to 60: ite will not be list	
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Filing Fee: \$25.00