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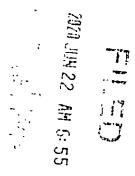
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COVER LETTER

Div	ision of Corpo	orations			
SUBJECT:	CONSULTIN	G GROUP GONE GLOBAL	., I.LC		
Souther.		Name of Limit	ted Liability Company		
The enclosed	I Articles of Ar	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	lence concerning this matter t	o the following:		
		TAMPA, FL 33606			
			Name of Person		
		CONSULTING GROUP G	ONE GLOBAL, LLC		
			Firm/Company		
		113 S PACKWOOD AVE,	UNIT C		
			Address		
•		TAMPA, FL 33606			
			City/State and Zip Code		
		E-mail address: (fo	o be used for future annual rep	ort notification)	
For further in	iformation con	cerning this matter, please ca	II:		
Rafa	iel Sa	intana	813 833-6 at ()	028	
	Name of P			Daytime Telepho	ne Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

CONSULTING GROUP GONE GLOBAL, LLC

(Name of the Inn	ited Liability Company as it now appears on our red (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited		and assigned
Florida document number 1.20000017038	 .	
his amendment is submitted to amend the following	lowing:	2 A
A. If amending name, enter the new name	of the limited liability company here:	ರು 💮
N/A		22
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	FT ADDRESS)	
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our records, en	iter the name of the new registo
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u> B. If amending the registered agent and/or	registered office address on our records, <u>en</u>	iter the name of the new registe
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office addre	registered office address on our records, eness here: N/A N/A	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or gent and/or the new registered office address and the Name of New Registered Agent:	registered office address on our records, eness here: N/A N/A Enter Florida street address	ldress
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or agent and/or the new registered office address and the new registered of the new registered of the new registered Agent:	registered office address on our records, eness here: N/A N/A Enter Florida street address	

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

Title	<u>Name</u>	Address	Type of Action
AMBR	RAFAEL SANTANA	113 S PACKWOOD AVE, UNIT C	□Add
		TAMPA, FL 33606	□Remove
			■ Change
			□Add
			□Remove
			□Change
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effectiv <u>e:</u> If tl	e date is liste ne date inse	ed, the date rited in th		eific and	cannot be ect the ap	plicable			an 90 days at		ursuant to 605 II not be liste	
ord sp tiled.	ecifies a de	layed effe	ective date.	but not a	an effecti	ve time,	at 12:01 a	ı,m. on the	e earlier of:	(b) The 9	0th day after	r the
od.	Ma	<i>y</i> ,	29		20	20						
.u	1	/	29		7 1	7						
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Typed or printed name of signee