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COVER LETTER

	legistration S Division of Co		f	:
SUBJECT		nba Group LLC		
	'	Name of Lin	nited Liability Company	
The enclos	sed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please reta	irn all corresp	ondence concerning this matter	to the following:	
		Santiago Volpe		
			Name of Person	-
		Black Mamba Group LLC		
			Firm/Company	
		13523 SW 59th Ter		
		······	Address	
		Miami, FL 33 (83		
			City/State and Zip Code	
		santiago@foxglobalpro.con E-mail address: (n to be used for future annual report not	ification)
For further	information c	concerning this matter, please c	all:	
Santiago V	olpe		786 - 647 6345 at ()	
	Name c	of Person	Area Code Daytin	ic Telephone Number
Enclosed is	a check for the	he following amount.		
屬 \$25,00	Filing Fee	LL \$30.00 Filing Fee & Certificate of Status	Zl \$55.00 Filling Fee & Certified Copy canditional copy is manifed.	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 Mamba 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 $\frac{69/18/2020}{100}$ and assigned Florida document number 1.20000295090 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 CmNew 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 i 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. Thereby 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	Name	Address	Type of Action
AMBR	Maria C Cantero	13523 SW 59th Ter Miami, FL 33183	UAdd
			■ Remove
			□Change
MGR	Santiago Volpe	8140 NW 29th ST Doral, FL 33122	
			□Remove
			[]Change
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record specifies a delayed effective da	te, but not an effective tin	ic, at 12.01 a.m. on the earlier	of: (b) The 90th day after the
record specifies a delayed effective da is filed.		ic, at 12.01 a.m. on the earlier	of: (b) The 90th day after the
record specifies a delayed effective da is filed.	2021	ic, at $\{2.01$ a.m. on the earlier	of: (b) The 90th day after the
record specifies a delayed effective da is filed.		ic, at 12.01 a.m. on the earlier	of: (b) The 90th day after the
record specifies a delayed effective da is filed. ated May 7th	2021 	ic, at 12.01 a.m. on the earlier	of: (b) The 90th day after the

Filing Fee: \$25.00