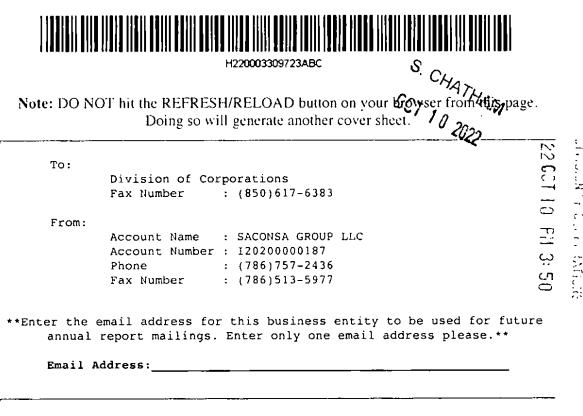
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CISNE GROUP LLC

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COVER LETTER

Registration Section

TO:

H220003309723

Division of Cor	porations			
	ROUP LLC			
SUBJECT:	Name of Limi	ited Liability Company		
	Amendment and fee(s) are submodence concerning this matter			
r tease return an correspo	macine concerning in a matter	w die tollowing.		
	JESUS LEON			
		Name of Person		01 £
		130		
		Firm/Company		10
3625 NW 82 Avenue Suite 100-K				007 10 EH
		Address		3:50
	DORAL, FL 33166			20.
		City/State and Zip Code		
	JESUSLEONTERAN@G E-mail address: 0	to be used for future annual report notific	cation)	
For further information c	concerning this matter, please co	all:		
JESUS LEON		786 7572436		
Name (of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions	

Tallahassee, FL 32301

H220003309723

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

H220003309723

CISNE GROUP LLC		
(Name of the Limited I	Liability Company as it now appears on our rec Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabi Florida document number L22000148593	ility Company were filed on03/28/2022	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
		513 513
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "I	J.C" or the abbreviation "
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		1 3: 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ado	lress
		Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

H220003309723

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Babarro Zinny, Ignacio	1700 PEREGRINE	
		FALCONS WAY #104	□ Remove
		ORLANDO, FL 32837	□ Change
MGRM	REYES TORDONATO, JESUS	1700 PEREGRINE	·
		FALCONS WAY #104	Ad P = Emove S
		ORLANDO, FL 32837	Plange O.A.F.
			Remove
			Change
			□ Remove
	·		□ Change
			
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			□ Change

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Effective date, if other than the d If an effective date is listed, the date must t Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet th	re applicabl	date of filing of le statutory fi	r more than 90 ling requiren	(optional days after filin nents, this date) g.) Pursuant to e will not be	605,0207 listed as
he record specifies a delayed The 90th day after the recor		but not a	an effective	e time, at	12:01 a.m	on the ea	rlier of
Dated	. 202	22 ————					
	gnature of a membe	er er authoriz	ed representat	s e of a memb	er		-
2	ghadare of a memore		,,				

Page 3 of 3

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