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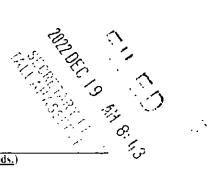
Registration Section

TO:

Division of Corp	orations				
	GROUP LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	JAIME H ARIAS ARIAS				
		Name of Person			
	MONTARI GROUP LLC				
	<u>.</u>	Firm/Company	<u></u>		
	1780 WELHAM ST APT	231			
		Address	<u>.</u>		
	ORLANDO, FL 32814				
		City/State and Zip Code			
	INFO@JCBSOLUTIONSI				
		to be used for future annual report not	ification)		
For further information cor	ncerning this matter, please c	all:			
MONTARI GROUP LLC		866 296-1833 at ()			
Name of I	Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	following amount:				
Sign S25.00 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)		
Mailing Address: Registration Se		<u>Street Address:</u> Registration Se	ection		
Division of Co	rporations	Division of Co	Division of Corporations		
P.O. Box 6327 Tallahassee, Fl		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MONTARI 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 Companies Florida document number $\frac{1.22000354989}{1.22000354989}$.	y were filed on _08/12/2	022 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
r new mailing address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		s, enter the name of the new registered	
New Registered Office Address:	Enter Florida str	vet address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my d provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is	
H Ch:	anging Registered Agent, Si	gnature 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>	Address	Type of Action
MGRM	Felipe Arias Londono	1780 WELHAM ST APT 231	□Add
		ORLANDO, FL 32814	■Remove
			□Change
MGRM	Viviana P. Montenegro Ceballos	1780 WELHAM ST APT 231	□Add
	ORLANDO, FL 32814	■Remove	
			□Change
			□Add
			Remove
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Effective date, if other than the dat (If an effective date is listed, the date must be: Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicab	date of filing or more than 90 de statutory filing requirer	(optional)) days after filing.) Pursuant to 60: ments, this date will not be list	5.0207 (3 ted as th
ne record specifies a delayed effective da ord is filed.	ite, but not an effective tim	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day after	er the
	2022			
Dated	·	_ •		
	Cili- Tu)		
Dated December 19 Sign	nature of a member or authori	zed representative of a memb	ner	

Filing Fee: \$25.00