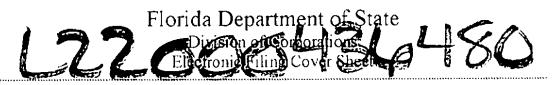
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CESPEDES CPA, INC

Account Number : I20220000109 Phone : (786)452-4615

: (844)773-3487 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: manoloian2004@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAROLFM BUSINESS GROUP LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	I BOSINESS GROOP L				
(Name of the Limited Liabili	ity Company as it now appear a Limited Liability Company)	s on our records.)	2022 OCT		
(A riona	a Limited Liability Company)				
The Articles of Organization for this Limited Liability C	ompany were filed on	10/11/2022	and assigned		
Florida document numberL22000436480			1674 2		
1 fortua decument natioet	 '		900 73		
This amendment is submitted to amend the following:					
•			题 :		
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :	715. <u></u>		
The new name must be distinguishable and contain the words "Lin	nted Liability Company," the de	esignation "LLC" or the ab-	breviation "L. L. C."		
The seed state in the see dispute great control and					
Enter new principal offices address, if applicable:	1500	NW NORTH RIVE	R URIVE		
(Principal office address MUST BE A STREET ADD)	ADDRESS) APT 1901				
Truction office man cas seem instrumental and	MIAMI FL 33125				
					
Enter new mailing address, if applicable:	1500	1500 NW NORTH RIVER DRIVE			
•		APT 1901			
(Mailing address MAY BE A POST OFFICE BOX)					
		MIAMI FL 33125			
B. If amending the registered agent and/or registere	d office address on our ro	cords, enter the name	e of the new registered		
agent and/or the new registered office address here:		_			
Name of New Registered Agent:					
New Registered Office Address:	1500 NW NORTI	H RIVER DRIVE AP	1901 די		
new negatered office radicas.	Enter Flonda street address				
	MIAMI	, Florida	33125		
	Спу	, riorida	33125 Zıp 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:

(((H22000350089 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CAROL FERNANDEZ	1500 NW NORTH RIVER DRIVE AP	7 1901 O _{Add}
		MIAMI FL 33125	Remove
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(If an effective Note: If the	date is listed, the date must be specific adate inserted in this block does not effective date on the Department of	and cannot be prior to o at meet the applicabl	date of filing or more statutory filing	e than 90 days after film	ng) Pursuant to 605 (0207 (3)(b) d as the
If the record speceroord is filed.	cifies a delayed effective date, but r	not an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
Dated	OCTOBER 12					
_	Signature of	Card fa member or authoriz		f a member		
	S.,	CAROL FER				
-		Typed or printed i				

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