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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Tallahassee, FL 32314

| | egistration Se ivision of Cor | | | |
|-------------|----------------------------------|--|---|--|
| SUBJECT | | RESEARCH GROUP LLC | | |
| SUBJECT | - | Name of Lim | ited Liability Company | |
| The enclose | ed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | m all correspo | ndence concerning this matter | to the following: | |
| | | CHRISTIAN F ZULUAG | Α | |
| | | | Name of Person | |
| | | ABACUS RESEARCH G | ROUP LLC | |
| | | | Firm/Company | |
| | | 206 WASHINGTON AVE | E | |
| | | | Address | |
| | | HOMESTEAD, FL 33030 | | |
| | | · | City/State and Zip Code | |
| | | czbusiness@hotmail.com | | |
| | | E-mail address: (| to be used for future annual report no | ntification) |
| For further | information co | oncerning this matter, please co | all: | |
| CHRISTIA | AN ZULUAGA | A | 954 907-2056 at () | |
| * | Name of | f Person | Area Code Dayti | me Telephone Number |
| Enclosed is | s a check for th | ne following amount: | | |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate of Status & Certified Copy (additional copy is enclosed) |
| | ailing Addres | | Street Address: | |
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| | O. Box 632 | | The Centre of | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Come | pany as it now appears on our records | |
|--|--|--------------------------|
| (A Florida Limited | pany as it now appears on our records.) I Liability Company) | |
| The Articles of Organization for this Limited Liability Compan | y were filed on | 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: | 200 183 |
| | | 24 N |
| The new name must be distinguishable and contain the words "Limited Liab | pility Company," the designation "LLC" o | |
| Enter new principal offices address, if applicable: | | 388 19 Em |
| Principal office address MUST BE A STREET ADDRESS) | | T 2 0 |
| | | |
| | | |
| 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 th | e name of the new regist |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flori | da |
| | City | Ua Zin Code |

New Registered Agent's Signature, if changing Registered Agent:

AD A CITIC DESCRIPTION OF CHARLES

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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------|---------------------------------------|-------------------|
| AMBR | CHRISTIAN J ZULUAGA | | _ 🗆 Add |
| | | 206 WASHINGTON AVE HOMESTEAD, FL 3303 | 0 ≣Remove |
| | | | _ Change |
| AMBR | CHRISTIAN F ZULUAGA | 206 WASHINGTON AVE HOMESTEAD, FL 3303 | 0 ≡ Add |
| | | | □Remove |
| | | - | Change |
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