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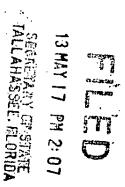
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COVER LETTER

TO: Registration Section
Division of Corporations

KAUTSCHUK INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALVARO ACEVEDO, E.A.

Name of Person

ACEVEDO & ASSOCIATES LLP

Firm/Company

1395 BRICKELL AVENUE 8TH FL

Address

MIAMI, FL 33131

City/State and Zip Code

al@acevedoassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALVARO ACEVEDO, EA

, 305, **200-8686**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAUTSCHUK INVESTMENTS 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	y were filed on 12/22/2010 and assigned
Florida document number L10000130619	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and end with the words "Lim "L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2301 COLLINS AV
(Principal office address MUST BE A STREET ADDRESS)	1507
	MIAMI BEACH, FL 33139
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
No. Delegand Accept Clausers of the sector Operational Accept	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	POLINA MILLER	2301 COLLINS AVENUE 150	7 Add
		MIAMI BEACH, FL	Remove
		33139	_
			Add
			Remove
			Add
			Remove
			-
			Add
			Remove
			-
<u>_</u>			Add
			Remove
			_
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•
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Dated MAY 7 2013
NI/L-/W/
Signature of a member or authorized representative of a member
ALVARO ACEVEDO, POWER OF ATTORNEY
Typed or printed name of signce
Page 3 of 3
FILE - F C25 00

Filing Fee: \$25.00