

L12000 019145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

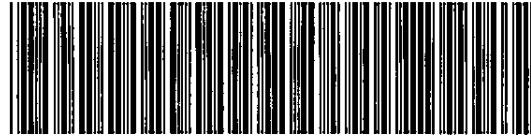
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INDITEXA 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:

ERICK MAGNO
Name of Person

ERICK MAGNO, PL
Firm/Company

1401 BRICKELL AVE, SUITE 520
Address

MIAMI, FL 33131
City/State and Zip Code

Marcie@magnolaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCIE GREGORIO at **305 379-4400**
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

2V

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

INDITEXA 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 were filed on 2/08/2012 and assigned Florida document number L12000019145.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1401 BRICKELL AVENUE
SUITE 520
MIAMI, FL 33131

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1401 BRICKELL AVENUE
SUITE 520
MIAMI, FL 33131

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
City Zip 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 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

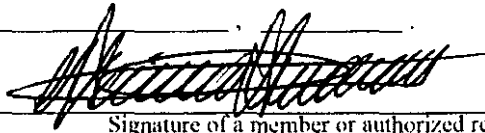
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MAURO VINOCOUR	4770 biscayne Blvd	<input type="checkbox"/> Add
		Ste, 980	<input checked="" type="checkbox"/> Remove
		Miami, FL 33137	
MGR	MARCIA MONTOYA	1401 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 520	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove

SECURITY DEPARTMENT
 TALLAHASSEE FLORIDA
 13 DEC 2011 11:23 AM

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE AMEND PRINCIPAL, MAILING AND MANAGER
ADDRESS TO 1401 BRICKELL AVENUE, SUITE 520
MIAMI, FL 33131

Dated _____



Signature of a member or authorized representative of a member

MAURO VINACUR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 DEC 31 AM 3:29
STATE OF FLORIDA
TALLAHASSEE, FLORIDA