Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP

Account Number: I20100000009 Phone

: (305)599-0839

Fax Number

: (305)592-9591

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

| Email | Address: | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SABORES DEL PERU, LLC

APR 26

| Certificate of Status | 0 |
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EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

12 APR 26 AM 10: 15 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FALLAHASSEE, FLORIDA
OF

| | ABORES DEL PER | U, LLU | | | | |
|---|--|---------------------------------------|------------------------------------|--|--|--|
| (Name of the Limit | ed Liability Company as it m (A Florida Limited Liability C | w appears on our re ompany) | COPU. | | | |
| The Articles of Organization for this Limited | Liability Company were file | d on03/26/ | 2012 and assigned | | | |
| Florida document numberL120000- | 41861 | | | | | |
| This amendment is submitted to amend the fo | llowing: | | | | | |
| A. If amending name, enter the new pame | of the limited liability com | pany here: | | | | |
| | N/A | | | | | |
| The new name must be distinguishable and end w "L.L.C." | rith the words "Limited Liabili | ty Company," the des | ignation "LLC" or the abbreviation | | | |
| Enter new principal offices address, if appli | icable: N/A | | | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | | | |
| Enter new malling address, if applicable: | N/A | | | | | |
| (Mailing address MAY BE A POST OFFICE | BOX | | | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | ess on our records | onter the name of the new | | | |
| Name of New Registered Agent: | N/A | · · · · · · · · · · · · · · · · · · · | | | | |
| New Registered Office Address: | | | | | | |
| Enter Florida street address | | | | | | |
| | | , Florida | | | | |
| | City | | Zip Cods | | | |

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

~ \d

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

| | ERNESTO MONTERO 17040 COLLINS AVENUE SUNNY ISLES FL 33160 | Add Remove |
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