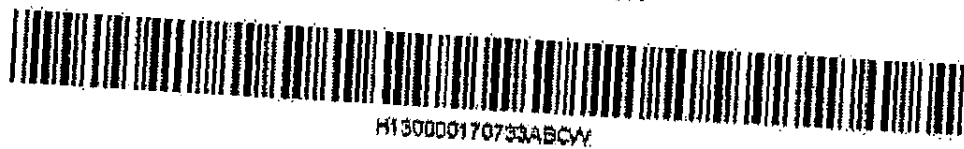


**L12** **UUU52937**  
Division of Corporations  
Florida Department of  
Division of Corporations  
Electronic Filings & Services

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC.  
Account Number : 120120000054  
Phone : (305)438-7671  
Fax Number : (866)895-8710

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

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RIVERSIDE FARM 922, LLC

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H13000017073 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
13 JAN 23 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RIVERSIDE FARM 922, 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 04/19/2012 and assigned  
Florida document number L12000052937

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

TAX, ACCOUNTING & FINANCIAL EXPERTS INC.

New Registered Office Address:

20900 NE 30TH AVE STE 817

*Enter Florida street address*

AVENTURA

Florida

33180

*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

H13000017073 3

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>
MGRM	GAETAN MULLER	922 NW 23 CT MIAMI, FL 33125	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	VIDA 4000 PROPERTIES LLC	10925 NW 73RD TERRACE MIAMI, FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MONIA PECKEL	922 NW 23 CT MIAMI, FL 33125	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CELINE MULLER	922 NW 23 CT MIAMI, FL 33125	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ISMAEL TRAORE	922 NW 23 CT MIAMI, FL 33125	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JANUARY 23, 2013

*GAETAN MULLER*

Signature of a member or authorized representative of a member

GAETAN MULLER

Typed or printed name of signee