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COVER LETTER

TO:

Registration Section
Division of Corporations

INSTITUTO BOCAS DEL MONTE LLC

SUBJECT

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:

MARIA INES MENDEZ
Name of Person
Firm/Company
7950 NW 53 ST SUITE 337
Address
DORAL,FLORIDA 33166
City/State and Zip Code
mines77@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIADNA OJEDA

_{at} (305

971 5232

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

INSTI	TUTO BOCAS DEL MONTE LLC	
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liab Florida document number <u>L13000048317</u>	ility Company were filed on 04/02/2013	and assigned
This amendment is submitted to amend the follow	ing:	72. 21
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, e address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
•	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 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 Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	anager ' uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DREIDO E. FUENMAYOR	7950 NW 53 ST SUITE	337 _ Add
		DORAL,FL 33166	□ Remove
			Remove 22
			□ Remove
			Add
			□ Remove
		<u> </u>	□ Add
			Remove
			Add
			□ Remove

The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated	Effective date, if other than the date of filing:	(optional)	-	
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated	Effective date, if other than the date of filing:	(ontional)	-	
Dated		(op)		
Signature of a member or authorized representative of a member	the date this document is filed by the Florida Department of State)	ot be more than 90 days after		
Signature of a member or authorized representative of a member	Dated 10/15/2014,	ارس مراز آستان	27 5	291
Hava I. Lesder	* Plana Z. Mender P		٠,	
	Signature of a member or authorized representati	ve of a member Co		
	Mana 1. Wester Typed or printed name of signce	्रेस्के, 	-	

Page 3 of 3

Filing Fee: \$25.00