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COVER LETTER

TO: Registration Division of C			
SUBJECT:	M CATSONAN	EXICO 8 USA LLC	デー な
Sebater.		ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	13 JUL-5 AH D. 06
Please return all corres	spondence concerning this matter	to the following:	E. O. O.
	FERNA	MO HOGO PINNEIS	Tapa a
		Name of Person	
	CATANAN	METICO BUSH LL	C
		Firm/Company	
	724UA 2401	Address	·· ····
		Address	
	LONAL GAB	City State and Zip Code	
		·	
	FHPINH	E1 CGWAIL.COM to be used for future annual report no	iffaction)
For further informatio	n concerning this matter, please of	•	uneation)
FERULA	anishuia .4 or	at (786) 405 4	005
Nam	e of Person	Area Code & Dayti	me Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,

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MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tatzona u) MEKILO SULA LI	-C
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears orida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liabi	, , ,	NAY 914, 2013 and ansigned
This amendment is submitted to amend the followi	ng:	Oktober 1
A. If amending name, enter the new name of th	e limited liability company hero	<u>.</u>
PIN	EBUZZ LLC	
		ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	enter the new name of the limited liability company here: PINE BUZZ LLC tinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation ices address, if applicable: **MUST BE A STREET ADDRESS** **Treess, if applicable: **BE A POST OFFICE BOX** **BE A POST OFFICE BOX** **Registered agent and/or registered office address on our records, enter the name of the new the new registered office address here: **Registered Agent:	
		
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 office	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) d Liability Company were filed on	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Ent	er Florida street address
_		
	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 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 Title Address **Type of Action** Name Add Remove Remove <u>...</u> Add Remove Remove Remove Add Remove

If amend	ding any other information, enter change(s) here: (Attach additional sheets,	if necessary.)	
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l	JUNE 2474 , 2013 X		
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	Typed or printed name of signee Page 3 of 3		
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