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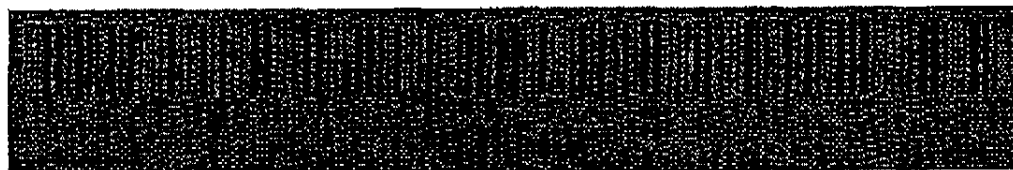
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**L4000095247**

Florida Department of State  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESID  
KIPUIG INVESTMENTS, LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIPUIG INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 08/13/2014 and assigned Florida document number L14000095247

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)

Enter new mailing address, if applicable:

(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:

R&P ACCOUNTING & TAXES, INC

New Registered Office Address:

200 SE 1ST STREET, SUITE #604

Enter Florida street address

MIAMI

City

Florida 33131

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>   | <u>Type of Action</u>                      |
|--------------|----------------|------------------|--|
| MGR          | OSCAR SARDINAS | 19840 NE 19TH CT | <input type="checkbox"/> Add               |
|              |                | MIAMI, FL 33180  | <input checked="" type="checkbox"/> Remove |
|              |                |                  | <input type="checkbox"/> Add               |
|              |                |                  | <input type="checkbox"/> Remove            |
|              |                |                  | <input type="checkbox"/> Add               |
|              |                |                  | <input type="checkbox"/> Remove            |
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|              |                |                  | <input type="checkbox"/> Remove            |

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

|              |     |     |
|--------------|-----|-----|
| EMIL KIZER   | MGR | 62% |
| MANUEL KIZER | MGR | 38% |
|              |     |     |
|              |     |     |
|              |     |     |

E. 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 11/26, 2014



Signature of a member or authorized representative of a member

EMIL KIZER

Typed or printed name of signee

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