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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.

Account Number : I19990000022

Phone

: (305)666-0024

Fax Number

: (305)666-0028

\*\*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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U10 LLC

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https://efilc.sunbiv.org/scripts/efilcovr.exe

11/22/2016

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)  oility Company)	
The Articles of Organization for this Limited Liability Company w	cre filed on April 5, 2016	and assigned
Florida document number L16000067784		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the at	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:	- <i></i>	
(Mailing address MAY BE A POST OFFICE BOX)		
-		<u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ec address on our records, enter	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Fishida sirvet address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent-		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and I am j ovided for in Chapter 605, F.S. Or,	familigr with and if this document is

#16000287612 3

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

U10 LLC

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Montepalma USA Ltd.	PO Box 14-3940	
		Coral Gables, FL 33134-3940	beer as
			☐ Change
AMBR	Vertical Investors LLC	PO Box 14-3940	<b>\times</b> Add
		Coral Gables, FL 33134-3940	□ Remove
			□ Change
MGR	Jorge F. Casado	PO Box 14-3940	<b>=</b> Add
		Coral Gables, FL 33134-3940	□ Remove
			Change
	F		
		-	□ Remove
		·	Change
		***************************************	—— <u> </u>
			Change O
			□ Remove CD
		·	Change □

Page 2 of 3

# 16000 2876 12 3

. If amending any other informa	ion, enter change(s) here: (Attach additional sheets, if necess		
	<u> </u>	- <u></u>	
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		<del></del> ,	
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	tate of filing:  (options be specific and cannot be prior to date of filing or more than 90 days after filing or more than 90 days after filing days not meet the applicable statutory filing requirements, this day cartment of Stato's records.	al) ing.) Pursuant to 605.0207 (3)(h) ate will not be listed as the	
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m rd is filed.	n. on the earlier of:	
Dated November 17	2016		
		-	
·— ·	ignature of a member or authorized representative of a member		
Jorge E. Casado			٠.
	Typed or printed name of signee		· :
		77.75 77.75 77.75 77.75	:
	Page 3 of 3	တ္	
	Filing Fee: \$25.00	27	٠.

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