Jan 1

## L11000036633

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## COVER LETTER

TO: Registration Se Division of Cor			•		
SUBJECT:	EXPE	RT LOG LLC			
	Name of Limit	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	C.	AROLINA CALONGE			
		Name of Person			
	EXPERT LOG LLC				
	Firm/Company				
	3563 N.W. 82ND AVENUE				
		Address			
	DO	RAL, FLORIDA 33122			
		City/State and Zip Code			
	ACCOUR E-mail address: (t	nting.mia@expert-log.com to be used for future annual report notifi	cation)		
For further information co	oncerning this matter, please c	all:			
S	ueli Correa	at ( 305 )	527-7024		
Name o	f Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the	ne following amount:	1.			
□\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ussee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Ce	n ations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CURPORALIONS

12 JAN 24 AM 10: 48

EXPERT LOG	LLC			
(Name of the Limited Liability Company as i (A Florida Limited Liabilit	t now appears on o	our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L11000030633</u>			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability of	ompany here:			
N/A				
The new name must be distinguishable and end with the words "Limited Li"L.L.C."	ability Company," t	he designation "LLC	or the abbreviation	
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 a registered agent and/or the new registered office address here:	ddress on our r	ecords, enter the	name of the new	
Name of New Registered Agent: N/A				
New Registered Office Address:	Enter Fi	lorida street address		
Cit	,	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		•	ap com	
I hereby accept the appointment as registered agent and agree to the provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as provide	erformance of my	y duties, and $I$ am $j$	familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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 Type of Action <u>Title</u> Name <u>Address</u> MGR Bruno Lima Chaiben 5201 Blue Lagoon Dr., Suite 986 ☐ Add Miami, Florida 33126 Remove ∏ Add □ Remove ☐ Add Remove ☐ Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) None January 18 2012 Dated Signature of a member or authorized representative of a member Denise Leinig Typed or printed name of signee

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Filing Fee: \$25.00