Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000023361 3)))



H120000233813ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053

Number : 110432003053 : (561)694-8107

Pnone Fax Number

: (561)694-1639

JAN 27 PM T:

the email address for this business entity to be used for future inval report mailings. Enter only one email address please.**

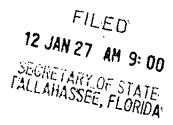
mail	Address:
1	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4SIGHT AMERICAS LLC

AN AND A STREET OF TAXABLE CONTRACTOR AND A STREET OF STREET AND A STR					
Certificate of Status	0				
Certified Copy	0				
Page Count	03				
Estimated Charge	\$25.00				

KEALY 30 2012

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



4S	<u>IGHT AMERI</u>	CAS LLC		
(Name of the Limited L. (A F	lability Company a lorida Limited Liabi	s It now appear tity Company)	s dis our records.)	 ,
The Articles of Organization for this Limited Liab	, , ,	re filed on	08/01/2011	and assigned
Plorida document number L110000881				
This amendment is submitted to amend the follow	ving:			•
A. If smending name, enter the new name of the	he limited Hability	company ber	F	
L	AUREUM GRO	UP LLC		
The new name must be distinguishable and end with the "LL.C."	the words "Limited	Lishflity Compa	ny." the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicab	ole: _	255 🗚	man so	irele
(Principal office address MUST BE A STREET	ADDRESS:	Suits	837	
Enter new mailing address, if applicable:	2X)	255 y Sule Coval	Chambra Chambra Gables	TL 33134
B. If amending the registered agent and/or registered agent and/or the new registered office		address on o	or records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	-storp	as as	pre	· .
New Registered Office Address:		Fin	er Florido street ada	
		1411	47 J 607/100 (12 CE) man	, Dam
	C	lity	, Florida	Zip Code

New Resistered Agent's Signature, if changing Resistered 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 Changing Registered Agent, Signature of New Repistered Agent

H12000023361

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 = Ma MGRM = 1	nager Managing Member		addistant
Title	Name	Address	Type of Actio
MGR	VIRGINIA SANCHEZ	255 Ahambra Circle	Add Remove
<u>u.,</u>			Add Remove
<u> </u>			Add Remove
			Add Remove
<u></u>			Add
•			Add Remove
D. If amen	ding any other information, enter change(s) here: (Auach additional sheets, if necessary.)	-
		C	-
			- -
Dated	January 26 201:	in Sandra	
		r authorized representative of a member VIRGINIA SALCHE	

Page 2 of 2

Filling Fee: \$25.00