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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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J. SAULSBERRY EXAMINER

JUL 24 2012

COVER LETTER

| Division of Cor | | | | |
|---------------------------|-----------------------------------|--|---|------------|
| SUBJECT: | KOE | X LLC | | |
| 30B3EC1: | Name of Limit | ted Liability Company | | |
| | | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | MAR | Name of Person | | |
| | | Name of Person | | |
| | HO11A | weler 4 Assoc | SIAKS INC | |
| | | Firm/Company | | |
| | 2959 1 | DAY AVE # B | | |
| | | Address | 75. St. | |
| | Mi AMi, | FL 33133 | 2 J | +- |
| | 40 41.4 | Zity/State and Zip Code | ASS | ~- [" |
| | E-mail address: (| to be used for future annual report notifica | 4+C, (3/96) | - 1 - F |
| For further information | concerning this matter, please of | all: | 2012 JUL 23 AH 8+ 40 SEUNE TARK OF STATE TALLAHASS OF, FLORIDA A die | g |
| MARK | Hollander | Firm/Company DAY AVR # B Address FL 3333 Gity/State and Zip Code TAb //Axclar Day M to be used for future annual report notifical and the second secon | -9956 5 | |
| Name | of Person | Area Code & Daytime T | Telephone Number | |
| Enclosed is a check for t | the following amount: | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & | \$55.00 Filing Fee & | | |
| | Certificate of Status | Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy | |
| | | (| (additional copy is enclosed) |) |
| | | | | |

MAILING ADDRESS: Registration Section
Division of Corporations
P.O. Box 6327

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| • | JEX LLC | |
|--|--|---|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appears on our rida Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Company were filed on | | and assigned |
| Florida document number <u>L120000</u> | 41461 | |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability Company," the d | esignation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | :: | 2 JU |
| (Principal office address MUST BE A STREET A | DDRESS) | \$5. 2 |
| | . | TO PERSONAL PROPERTY OF THE PERSONAL PROPERTY |
| 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 | | ds, enter the name of the new |
| | | |
| Name of New Registered Agent: | Land Control of the C | |
| New Registered Office Address: | Futor Floria | la street address |
| | | |
| - | City, | Florida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** Title <u>Name</u> **Address KOEX SL** MGRM C/ DELCO 1.3 3 Planta PL Ciudad √ Remove del Automovil Madrid, SPAIN MD 28914 SP Koex Distribucion Integral SL MGRM C/ Delco 1-3, 3ª Planta ✓ Add Remove 28914 Leganes, MADRID - SPAIN MGR SARASUA, LUIS A 61 - 1C 2822A ✓ Remove Maiadahonda, MADRID, SPAIN Astorqui Sarasua, Luis MGR **✓** Add C/ Mar Mediterraneo, 61 1º C Remove 28221 Majadahonda, Madrid - SPAIN MGR Perez Sanz, Sebastian 7301-B 28221 \square Add Remove Majadahonda, Madrid, SPAIN. MGR Perez Sanz, Sebastian C/ Mar Mediterraneo, 73 1º B ✓Add Remove 28221 Majadahonda, Madrid - SPAIN D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.):>

Perez Sanz, Sebastian
Typed or printed name of signee

Signature of a member or authorized representative of a member

July,12th - 2012

Dated _

Page 2 of 2

Filing Fee: \$25.00