-	(Request	or's Name)				
ı	(Address))				
	(Address)				
	(City/Stat	e/Zip/Phone	#)			
PICK-UF	· [] WAIT	MAIL			
(Business Entity Name)						
(Document Number)						
Certified Copies		Certificates	of Status			

Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

Office Use Only



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COVER LETTER

TO:	Registration So Division of Co			
SUBJ	PCT.	CONTIMEX	INVESTMENT LLC	
SOBJ	ber:		ed Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		EDUARDO RUANO		Z y
			Name of Person	8
SERE		SERB	ER & ASSOCIATES, P.A.	LAHASSEI
			Firm/Company	第二 1
		2875 N	E 191 STREET, SUITE 801	MILORI 30 PH SE FLORI
			Address	<u> </u>
		Δ	VENTURA FL 33180	₹*
			City/State and Zip Code	
		ER@	SERBERLAWFIRM.COM to be used for future annual report notification)	
For fu	rther information	concerning this matter, please of	·	
	EDU	ARDO RUANO	at (305) 932626	52
	Name	of Person	Area Code & Daytime Telephon	e Number
Enclo	sed is a check for	the following amount:		
 √ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EX INVESTMENT L		
(Name of the Limited Liabili (A Florid	a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL10000022161	Company were filed on	2/26/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	<u>mited liability company he</u>	<u>re</u> :	TALLAN R
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Comp	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			7
(Principal office address MUST BE A STREET ADI	DRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		·	
	E	nter Florida street a	ddress
		, Florida	
	City	, ,	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 Changing Registered Agent, Signature of New Registered Agent

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 Title <u>Name</u> **Address Type of Action** MGR Carlos Villanueva 17001 Collins Avenue .□ Add Suite 1504 ✓ Remove Sunny Isles FL 33160. MGR 2875 NE 191 Street ✓ Add Suite 801 Remove Aventura FL 33180 Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 29 2012 Dated ____ Signature of a member or authorized representative of a member Eduardo Ruano Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00