

Amended
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016356

1. Entity Name

PROARTE INVESTMENTS L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 338 Minorca Avenue
 Suite, Apt. #, etc.

3. Mailing Address
 338 Minorca Avenue
 Suite, Apt. #, etc.

City & State
 Coral Gables, Florida
 Zip Country
 33134 USA

City & State
 Coral Gables, Florida
 Zip Country
 33134 USA

4. FEI Number ☒ Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

**DO NOT WRITE
 IN THIS SPACE**

Name
 International Registered Agents Corporation
 Street Address (P.O. Box Number is Not Acceptable)
 338 Minorca Avenue
 City State Zip Code
 Coral Gables FL 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Maria Elena Cabeza Maria Elena Cabeza, President April 29, 2002
Signature, typewritten or printed name of registered agent and title if applicable. DATE

FEE \$5.00
 Make Check Payable to Department of State
 DUE BY MAY 1 2002
 300005763398--6
 -06/12/02--01063--010
 *****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
 MGR
 Arango, Carlos A.
 Calle 104 #22-61
 Bogota, Colombia **BK**

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
AMENDED

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
2002

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
UBR

TITLE
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TITLE
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 STREET ADDRESS
 CITY- ST- ZIP
 Temp LLC 50 ID

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
DO NOT WRITE

TITLE
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 STREET ADDRESS
 CITY- ST- ZIP
IN THIS SPACE

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Carlos Arango Carlos Arango, Manager 4/29/02 (305) 444-7282
Signature, typewritten or printed name of registered agent and title if applicable. DATE DAYTIME PHONE #

CR2083B (12/01)