

NOV-25-2011 11:17 PM

Division of Corporations

001

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**LD400004483**

Florida Department of State  
Division of Corporations  
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**L. SELLERS**

NOV 30 2009

To:

Division of Corporations  
Fax Number : (850) 617-6383

**EXAMINER**

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INVERSIONES C.Z. LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**INVERSIONES QZ LLC**

*(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)*

The Articles of Organization for this Limited Liability Company were filed on 06-11-2004 and assigned  
Florida document number L04000044483

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

*The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."*

Enter new principal offices address, if applicable:

253 NE 2ND AVE SUITE 1504

*(Principal office address MUST BE A STREET ADDRESS)*

MIAMI, FL. 33132

Enter new mailing address, if applicable:

253 NE 2ND AVE SUITE 1504

*(Mailing address MAY BE A POST OFFICE BOX)*

MIAMI, FL. 33132

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent**

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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:

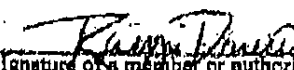
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>FRANCISCO A ZAPATA</u>	<u>263 NE 2ND AVE SUITE 1504</u> <u>MIAMI FL 33132</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>ROSANGEL DE ZAPATA</u>	<u>263 NE 2ND AVE SUITE 1504</u> <u>MIAMI FL 33132</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated NOV 25, 2009

X   
Signature of a member or authorized representative of a member  
RAJORI E RIVERO  
Typed or printed name of signee

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