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| (R | equestor's Name) | |
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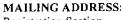
B. BOSTICK

EXAMINER

NOV 1 2 2013

COVER LETTER

| TO: Registration Sect Division of Corp | | n de la companya de l | • |
|---|---|--|---|
| SUBJECT: NOU | N INVESTATE | siz LLC | <i>'</i> |
| | Name of Limite | ed Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are subm | nitted for filing. | |
| Please return all correspond | dence concerning this matter t | o the following: | · |
| | LEONNESO | SALLO Name of Person GTMGVS LLC | . • |
| ` | | Name of Person | |
| <u>.</u> | Now Inv | BIMENS LLC | - |
| | | Firm/Company | VAL V |
| | 2439 De | R CREEK RO | BD |
| | | Address | |
| | WESTO. | City/State and Zip Code | • |
| | | City/State and Zip Code | 7. 2 |
| | E-mail address: (to | o be used for future annual report notification | |
| For further information co | ncerning this matter, please ca | ıll: | |
| Leandro | GALLO | at (786) 449- | 1718 S |
| Name of | Pelson | at (786) 4449 – Area Code & Daytime Tele | phone Number |
| Enclosed is a check for the | | | Dece of Pill |
| \$25.00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$60.00 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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THUESTMENTS, 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 PARIL 19, 2005 and assigned Florida document number 205000037908 This amendment is submitted to amend the following: CHANGE MIGHTERS 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 <u>Title</u> Name Address Type of Action GRACIEZA BEATRIZ DARWIN 343 PISO A(1414) [
VERO COBOS BUENOS AIRES CANALE 2446 VOSE MANGOL MGRM DIEGO ALVARO BUESNOS AIRES, ARGENTNA Add LEONARDO FACUNDO CANALE 2446 VOSE MARMOL Add RUENOS AIRB, ARGENTIMA VIREMOVE LEUNARDO GALLO 2439 DEER CREEK RS WAD WESTON, FL 33327€ Remove

| D. If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | |
| Dated | 11/5/212 |
| | Marcu Galo |
| | Signature of a niember or authorized representative of a member |
| | EANDIO MAIGNOS CICALES |
| | Typed or printed name of signee |
| | Page 3 of 3 |

Filing Fee: \$25.00

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