#105000051406

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SEURETARY OF STATE
'ALEAHASSEE, FLORID

K.SALY EXAMINER JUN 4 2013

COVER LETTER

SUB-III CH	DCII T	NVESTMENTS LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alfredo G D		
		Name of Person	
	Alfredo G D	uran Attorney at Law	
	· ···	Firm/Company	
	2340 So. Di:	xie Hi ighway	
		Address	
	Miami, Flor	ida 33133	
		City/State and Zip Code	
	agdur@aol.c		
	E-mail address: (t	o be used for future annual report notificat	on)
For further information co	oncerning this matter, please c	all:	
Alfredo G.	Duran	at (305) 859-2696	
Name of		Area Code & Daytime To	elephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

Registration Section

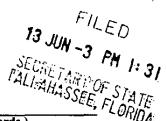
Division of Corporations

TO:

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



PCU INVESTMENTS 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 Florida document number <u>L05000051406</u>	were filed on _	04-23-2003	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :	
PCU PETROLEUM INVESTMENTS LLC The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Con	mpany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:	Maria	Ponte	
(Principal office address MUST BE A STREET ADDRESS)		eston Rd., Suit , Florida 33326	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		n our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:		····	
New Registered Office Address:			
-		Enter Florida street addre	ess
		. 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MARIA PONTE	1500 Weston Rd., Suite 200-11	_ X Add
		Weston, Florida 33326	Remove
MGRM	ALFREDO CATALAN	1500 Weston Rd., Suite 200-1	1 X Add
		Weston, Florida 33326	Remove
			Add
			_ Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	MAY 29 ,2013
_	SILL-PHI -
	Signature of a member or anthorized representative of a member
	ALFREDO CATALAN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00