Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000246421 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVI

Account Number: I2000000146

Phone

: (305)444-4994

Fax Number

: (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

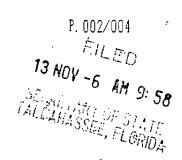
Email	Address:		
-------	----------	--	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAPITAL BUSINESS CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CAPITAL BUSINESS CEN			•
(Name of the Limited Lia (A Flo	bility Company as it now appears or rida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number L05000112415	ity Company were filed on 11/2	1/2005	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,	," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable	·		
(Principal office address MUST BE A STREET A	DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our address here:	records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
_	City	, Florida	lip Code
	~*··r		***

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	Name	<u>Address</u>	Type of Action
MGR	FLAVIO V LORENZI	1110 BRICKELL AVE	
		STE: 430	Remove
		MIAMI, FL 33131	
			Add
			Remove
			Add
			Remove
			Remove
			<u> </u>
			Add
			Remove
			_
			Remove

f amending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
NOVEMBER 6	2013
	•
	a member or authorized representative of a member
YVAN A MARTINEZ	a memoer or aumorized representance of a member
	Typed or printed name of signee

Page 3 of 3