

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000022968

FILED
Sep 30, 2008
Secretary of State

Entity Name: OPORTO INVESTMENTS LLC

Current Principal Place of Business:

50 MENORES AVE., SUITE 414
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

50 MENORES AVE., SUITE 414
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-8549308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ORTIZ, LUIS H
50 MENORES AVE., SUITE 414
CORAL GABLES, FL 33134 US

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: LUIS H. ORTIZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: ORTIZ, LUIS H
Address: 50 MENORES AVE., SUITE 414
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DA SILVA, ANTONIO
Address: 50 MENORES AVE., SUITE 414
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: FERRAZ DA SILVA, MARIA
Address: 50 MENORES AVE., SUITE 414
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DA SILVA, YONATHAN
Address: 50 MENORES AVE., SUITE 414
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DA SILVA, CAROLINA
Address: 50 MENORES AVE., SUITE 414
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS H. ORTIZ

P/D

09/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date