

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

.Fax Number

: (305)633-9696

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7/31/2009

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EMPIRE CORP KIT

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HO95001794

SECRETARY OF STATE TALLAHASSEE FLORIDA

(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 on01/26/09 and assigned Florida document numberL09000008094
This amendment is submitted to amend the following:
A. If amending name, outer 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 abbrevia: "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 registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
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 Revistered 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 = Ma MGRM = N	nager Ianaging Member			
Title	Name	Address	Type of Action	
MGRM	Osvaldo E. Cueli	18200 SW 192 Stre Miami, Florida 3318	et [7] Add IZ Remove	
			Add Remove	
	·		Add Remove	
			Addi Remove	
			Add Remove	
	 		AddRemove	
D. If amend	ing any other information, enter	r change(s) here: (Attach additiona	SECRETARY OF STALLAHASSEE FL	
Dated	July 31 ,	2009	8: 20 STATE ORIDA	g and the
	Signature of a	member or adhorized representative or Gilbert A. Contreras Typed or printed name of signee	f a member	
		Page 2 of 2 Filing Fee: \$25.00	t09000174094	

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