Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694

Fax Number

: (305)633-9696

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BEDUINO, LLC

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Electronic Filing Menu

Corporate Filing Menu

7/27/2009

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

BEDU (Name of the Limited Liability Com (A Florida Limite	INO, LLC many as it may annea d Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on	06/19/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ishility.company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Comp	uny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			# <u>F</u>
(Principal office address MUST RE A STREET ADDRESS)	<u> </u>		SSE 22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			FE CONTROL OF THE CON
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter	the nums of the now
Name of New Registered Agent:			·
New Registered Office Address:	F	nter Florida street ada	leave
•	E.		#/ tal3
	City	, Ftorida	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 Avent

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If amending the Managers or Managing Members on our records, gater the title, nome, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Title Name Address Type of Action MGR MOTIVADO SP c/a Post & Romero □ Add 3195 Ponce de Leon Blvd. Suite 400 Coral Gables, FL 33134 7 Remove MOTIVADO SP М c/o Post & Romero □ Add Remove 3195 Ponce de Leon Blvd, Suite 400 Coral Gables, El. 33134 MGR 1-See item D below c/a Post & Romero 3195 Ponce de Lego Blvd Suite 400 Coral Gables, El 33134 M 1-See item D below c/o Post & Romero 3195 Ponce de Leon Bivd. Coral Gables, El. 33134 ☐Addze ː Remover ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1- new sole Manager is MERRILL LYNCH TRUST SERVICES, SA, as Trustee JULY 24 2009 Dated. Signature of a member or authorize Center Peresire a member David Wells

> Typed or printed name of signee Page 2 of 2

> > Filing Fee: \$25.00

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MGR = Manager