| Division of Corporatio | FAX No. | P. 001 Page 1 of 1 |
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| To | Division of Corporations Fax Number : (850)617-6383 | 2011 DEC 20 M 8: 10 SECIRETARY OF STATE FALLAHASSEE. FLORID |
| annual | email address for this business entity to be a report mailings. Enter only one email address address: <u>Mcumais</u> @ Mubm.com | used for future please.** |
| | C AMND/RESTATE/CORRECT OR M/MG R PARAISO VENUS, LLC | ESIGN |
| RE C'ETVED JEC 20 PM 12: RETARY OF STA AHASSEE, FLOR | Certificate of Status0Certified Copy0Page CountPage CountEstimated Charge\$25.00 | C. LEWIS DEC 2 1 2011 |

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| Par | 2AISO VENUS, LLC | |
| (Name o | A Florida Limited Liability Company as it now appears (A Florida Limited Liability Company) | (on our records.) |
| The Articles of Organization for th | is Limited Liability Company were filed on | 15/2009 and assigned |
| Florida document number 1090 | 000068336 | |
| This amendment is submitted to ar | nend the following: . | |
| A. If smending name, enter the | new name of the limited liability company here | • |
| in in anonand Innio <u>onto no</u> | | · |
| The new name must be distinguishab "L.L.C." | le and end with the words "Limited Liability Compan | y," the designation "LLC" or the abbreviatio |
| Enter new principal offices addre | ess, if applicable: | |
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| Enter new mailing address, if ap | | |
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| Enter new mailing address, if ap <u>(Mailing address MAY BE A POS</u> | plicable: <u>TOFFICE BOX</u> agent and/or registered office address on ou | r records, enter the name of the new |
| Enter new mailing address, if ap <u>(Mailing address MAY BE A POS</u> B. If amending the registered | plicable: <u>TOFFICE BOX</u> agent and/or registered office address on our registered office address here: | ir records, enter the name of the new |
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| Enter new mailing address, if ap <u>(Mailing address MAY BE A POS</u> B. If amending the registered <u>registered agent and/or the new r</u> <u>Name of New Registered</u> | plicable: <u>TOFFICE BOX</u> agent and/or registered office address on our registered office address here: <u>Agent</u> : <u>ddress</u> : | er Florida street address |
| Enter new mailing address, if ap <u>(Mailing address MAY BE A POS</u> B. If amending the registered <u>registered agent and/or the new r</u> <u>Name of New Registered</u> | plicable: <u>TOFFICE BOX</u> agent and/or registered office address on our registered office address here: <u>Agent</u> : <u>ddress</u> : | |

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

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P. 003

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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------|---|----------------------------|
| MGR | Raquel Pevera | 1000 Brickell Avenue Sunte 225 Miami FL 33/3/ | _ 🔀 Add _ 🗋 Remove _ |
| MGR | Juan Gervas | 1000 Brickell Avenue Suite 225 Miani FL 33131 | Add Remove |
| | | · | _ Add _ Remove |
| | <u></u> | | Add Remove |
| | | | Add Remove |
| <u> </u> | | | Add Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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| - | | TARY | C 28 | |
| – Dated | , <u>/</u> , , | OF ST | MH 8: | |
| | Signature of a member or authorized representative of a member | RID | 10 | |
| | Juan Gervas authorized vepresentative | | | |
| | | | | |

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Filing Fee: \$25.00