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Division of Corporations

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L10000022161

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H11000181405 3)))



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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : ISAAC MATZ P.A., C.P.A.
Account Number : I20040000029
Phone : (305) 573-6640
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CONTIMEX INVESTMENT LLC

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Help J. BRYAN

JUL 15 2011

EXAMINER

FAX AUDIT NUMBER:

4110001814053

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CONTIMEX INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 02/26/2010 and assigned
Florida document number L10000022161

This amendment is submitted to amend the following:

A. If amending name, enter 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 abbreviation "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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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.

Prepared by:
Isaac Matz PA
2742 Biscayne Blvd
Miami, FL 33137
Tel (305) 373-6640
Fax (305) 475-4200

If Changing Registered Agent, Signature of New Registered Agent

FAX AUDIT NUMBER:

4110001814053

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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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FABIANA DEL CARMEN TOZZI SANCHEZ	17001 COLLINS AVE STE 1504 SUNNY ISLES FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JULY 14TH, 2011

Signature of a member or authorized representative of a member

CARLOS VILLANUEVA

Typed or printed name of signee

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