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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Fax Number

Phone : (305)634-3694 : (305)633~9696

**Enter the email address for this business entity to be used for furnite annual report mailings. Enter only one email address please. ** end

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D. BRUCE

MAY 20 2010

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PAGE 02/05

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May 19, 2010

FLORIDA DEPARTMENT OF STATE

MERIDIAN INTERNATIONAL ASSETS OF FLORIDA, LLC 3299 SW 11TH AVE. FT. LAUDERDALE, FL 33316

SUBJECT: MERIDIAN INTERNATIONAL ASSETS OF FLORIDA, LLC REF: L10000036077

TO NAY 19 AM 8: 39

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H10000118835 Letter Number: 610A00012622

P.O BOX 6327 - Tallahassee, Florida 32314

4

TO:

Registration Section Division of Corporations

| SUBJECT: | | onal Assets of Flor | ida,LLC | | |
|-----------------------------|--|---|-----------------------------|---|-----------------|
| | Name of Lin | nited Liability Company | | | |
| | Amendment and fee(s) are su | • | | | |
| | | | | | |
| | ٨ | danuel L. Crespo, Esc | } . | | |
| | Name of Person | | | _ | |
| | Sanchez M | ledina Gonzalez Ques | sada, et al. | | |
| | Firm/Company | | | _ | |
| | 10765 SW 104 Street | | | 10 HAY 19 | ete krapt |
| | | Address | | | Carine water |
| | | Miami, FL 33176 | | คระวั | 1 |
| | | City/State and Zip Code | | - FE 8 | |
| | F-mail address: (| crespo@smgqlaw.com | notification) | 8: 39 STATE FLOATE | |
| For further information col | nceming this maner, please o | :all: | | | |
| Manuel | L. Crespo, Esq. | at (_305) | 630-9966 x-20 | 7 | |
| Name of | | | Daytime Telephone Num | ` | |
| | | | | | |
| Enclosed is a check for the | following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ✓\$55,00 Filing Fee & Certified Copy (sedditional copy is e | Certifi nclased) Certifi | Filing Fee, icate of Status & ied Copy ional copy is enclosed) | |
| MATTY | iG Anndree. | ಆಗಾ ಬೆಬ್'/ | MIDIFD ANNUFCS | | |

COVER LETTER

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6927 Tallahassee, FL 32314 STREET/COURIER ADDRESS
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H10000118835

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Meridian Intern | ational Assets of Flo | orida, LLC | ···· | |
|---|---|------------------------------|--|---------------|
| (Name of the Limited Liable (A Florid | ity Company as it now apper a Limited Liability Company) | irs od Our records.) | | |
| The Articles of Organization for this Limited Liability | Company were filed on | April 2, 2010 | and assign | ned |
| Florida document numberL10000036077 | · | | | |
| This amendment is submirred to amend the following: | | | | |
| A. If amending name, enter the new name of the li | mited liability company he | <u>re</u> : | | |
| The new name must be distinguishable and end with the w | ords "Limited Liability Comp | any," the designation "L | LC" or the abb | reviation |
| Enter new principal offices address, if applicable: | | | \$ 1 3 | |
| (Principal office address MUST BE A STREET ADI | ORESS) | | | wante |
| | | | 12.5 | ****** |
| | | | 35 Y | • |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 5 2 0 | |
| | | | 30 30 30 30 30 30 30 30 30 30 30 30 30 3 | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad | | our records, <u>enter ti</u> | | he new |
| Name of New Registered Agent: | | | | - |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | City | , Florida | 7tn Cod- | |
| | Çity | | 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 Agent

Page 1 of 2

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:

MGRM = Managing Member Title <u>Name</u> Address Type of Action Antonio Leao de Melo Neto <u>3299 SW 11th Avenue</u> ☑ Add □ Remove Fort Lauderdale, FL 33315 MURM Erica M. Navarro de Melo 3299 SW 11th Avenue 🖸 Add Remove Fort Lauderdale, El. 33315 □ Add Remove bba 🏲 Ramove ∏Add. Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 17 2010 Dated_ Signature of a member or authorised representative of a member Manuel L. Crespo, Esq. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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MGR = Manager