L10000036381

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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ACCOUNT NO. : I2000000195 REFERENCE : 550655 5057957 AUTHORIZATION : COST LIMIT : \$ 25/00 ORDER DATE: February 27, 2013 ORDER TIME : 4:44 PM ORDER NO. : 550655-005 CUSTOMER NO: 5057957 DOMESTIC AMENDMENT FILING NAME: EVEREST CAPITAL LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

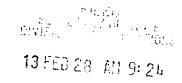
COVER LETTER

Division of Cor					
SUBJECT: Everest C	apital LLC				
		ited Liability Company)			
	Amendment and fee(s) are sub	_			
	Neven Brail				
		(Name of Person)			
Everest Capital LLC					
		(Firm/Company)			
2601 S. Bayshore Dr., Suite 1700					
		(Address)			
	Miami, FL 33133	(City/State and Zip Code)			
For further information co	oncerning this matter, please co	ail:			
Neven Brail		at (305) 666-1700			
(Name of Person)		(Area Code & Daytime T	elephone Number)		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration-Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Everest Capital LLC		
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our record da Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability	y Company were filed on 04/05/2010	and assigned
Florida document number L10000036381	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the]	imited liability company here:	
Everest Capital Miami LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD		
(Trincipal Office address MOST BE A STREET AD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		nter the name of the new
registered agent and/or the new registered office a	ddress here:	
New Color Declarated Assess		
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida str	ver aduress)
_	, Flori	ida(Zip Code)
	(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 Registered Agent)

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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			🖸 Add
 _			□ Remove
			□ Add □ Remove
			
			Add Remove
			C Remove
			□ Add
			☐ Remove
			O Add
			□ Remove —
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
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Dated February 19	ruary 19 20	13	1770
		and market and	9: 2:
		nber or authorized representative of a member	*
	Marko Dimitrijevic	,	
	Ту	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00