

Division of Corporations

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L10000056974

Florida Department of State
Division of Corporations
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VICTORIA FRIEND LLC**

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF
VICTORIA FRIEND LLC
(L10000056974)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608, Florida Statutes, this Florida Limited Liability Company adopts the following articles of amendment to its articles of Limited Liability Company:

FIRST : Amendment adopted : ARTICLE II

The street address of the principal office of the Limited Liability Company is:

DELETE: 201 S BISCAYNE BLVD
905
MIAMI, FL 33131

ADD: 13595 SW 137th AVE
MIAMI, FL 33186

The mailing address of the Limited Liability Company is:

DELETE: 201 S BISCAYNE BLVD
905
MIAMI, FL 33131

ADD: 13595 SW 137th AVE
MIAMI, FL 33186

SECOND: Amendment adopted : ARTICLE IV

The name and Florida street address of the register agent is:

DELETE: LEONARDO A ROTH
201 S BISCAYNE BLVD
905
MIAMI, FL 33131

ADD: ALDRIN O PONTE
13595 SW 137th AVE
MIAMI, FL 33186

THIRD: If an amendment provides for an exchange, reclassification or cancellation of amendment itself of Limited Liability Company, are as following:

The date of each amendment's adoption is on May, 20, 2011

FOURTH: Adoption of Amendment: **ARTICLE V**

The name and address of managing members/managers are:

DELETE: Title: MGR
FRAD A EL BARCHÉ
201 S BISCAYNE BLVD STE 905
MIAMI, FL. 33131

Title: MGM
JUAN MENDES
201 S BISCAYNE BLVD
905
MIAMI, FL. 33131

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FIFTH: Adoption of Amendment:

 X The amendment(s) was / were approved by the Manager "MGR".

Signed this 20 day of May, 2011 by MGR

Title: MGR


ALDRIN O PONTE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature:  ALDRIN O PONTE