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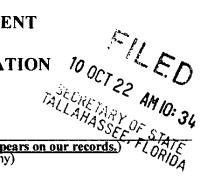
COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	CON	NETXO LLC	
	· — ··· · · · · · · · · · · · · · · · ·	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Jos	E MANUEL URDANETA	
		Name of Person	
		CONETXO, LLC	
		Firm/Company	
		P.O. BOX 348249	
		Address	
	CORAL	. GABLES, FLORIDA 332	34
		City/State and Zip Code	
	JOSEMANU E-mail address: (JELURDANETA@GMAIL to be used for future annual report not	.COM
For further information	concerning this matter, please of	-	
NF:	STOR GUILLEN	at (305)	831-4093
	of Person		me Telephone Number
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 (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STREET/COU	RIER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CONETXO LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on	06/07/2010	and assigned	
Florida document number L10000060728	<u></u> -			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the v"L.L.C."	vords "Limited Liability Compa	any," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg	ristered office address on	our records enter t	the name of the nev	
registered agent and/or the new registered office ac		our records, <u>enter r</u>	ne name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	En	Enter Florida street address		
			lorida	
	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 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 Title Name 1 **Address Type of Action** MGRM PHELO A. PARTIDAS O. AV. BOLIVAR, EDIF.CC PLAZA, ✓ Add PISO 6., APTO 06-09, VALERA ☐ Remove EDO. TRUJILLO, VENEZUELA MGRM ☐ Add ☐ Remove Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **OCTOBER 14TH** 2010 Dated

JOSE MANUEL URDANETA

Typed or printed name of signee

Signature of a member or authorized representative of a member

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Filing Fee: \$25.00