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AUG 3 1 2010

EXAMINER

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SECRETARY OF STATE
AHASSEE. FLORIDA

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: TO		A E IMAGEN PROACT	ΓΙVA LLC		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	- h	MONICA MAYER			
		Name of Person			
	MACHO & ASOCIADOS LLC				
	Firm/Company				
	1110 BR	ICKELL AVENUE, SUITE	800		
•		Address			
		MIAMI, FL 33131			
	·	City/State and Zip Code		20 F	
	MMA	ER@UHY-MACHO.COM to be used for future annual report not		20 ED AUG	***
For further information	concerning this matter, please	•	incation)	30 Yay SSE	
MO	NICA MAYER	at (954)	937-5843	E. F.	0
Name	of Person	Area Code & Dayti	me Telephone Number	TATE DRIDA	
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status		ed) Certified	te of Status &	i)

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

TORMENTA CREATIVA E IMAGEN PROACTIVA 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		07/08/2010	and assigned	
Florida document numberL10000072124		•		
This amendment is submitted to amend the following	g :			
A. If amending name, enter the new name of the	limited liability company he	ere:		
RB DF	REAM FACTORY LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:			7, 2	
(Principal office address MUST BE A STREET AD	DRESS)			
			AHA 3	
			SSE 30	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		 	LOS ME	
			TE TO	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter t	he name of the new	
Name of New Registered Agent:			•	
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City		Zip Code	
New Registered Agent's Signature if changing Registe	orad Agant.			

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** <u>Name</u> **Address** Type of Action ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Remove 20節 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 26 Dated Signature of a member or authorized representative of a member Cesar Rámos Bermudez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00