Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000233963 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE I

Account Number : I2000000146

: (305) 444-4994

Phone Fax Number

: (305)444-4977

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATREVETE Y TRIUNFA, LLC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

A. LUNT

OCT 27 2010

EXAMINER Help

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

10/26/2010 OC1-50-5015 EBI 05:31 VW

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ATRE\ | VETE Y TE | RIUNFA, LLC | · · | | |
|---|---|---|---------------------|---------------------|-------------|
| (Name of the Limited Lia (A Fig. | ibility Company orida Limited Lia | v as it now appears ability Company) | on our records.) | | |
| The Articles of Organization for this Limited Liabi | lity Company v | were filed on | 07-14-2010 | and assigned | l |
| Florida document number L1000007400 | <u>)1 </u> | | | | |
| This amendment is submitted to amend the following | ng: | | | | |
| A. If amending name, enter the new name of the | e limited liabil | ity company here | : | | |
| The new name must be distinguishable and end with th | e words "Limite | ed Liability Compan | y," the designation | "LLC" or the abbrev | |
| Enter new principal offices address; if applicable | e: | 175 SW 7 STE | REET STE: 190 | 20 全部 8 | T |
| (Principal office address MUST BE A STREET A | (DDRESS) | MIAMI, FL 33 | 130 | ARY OF SSEE, F | |
| Enter new mailing address, if applicable: | | 175 SW 7 STF | REET STE: 190 | S = (| 5 |
| (Muiling address MAY BE A POST OFFICE BOX) | | MIAMI, FL 33 | 130 | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address: | address here | REET STE: 19 | | | new |
| | | MIAMI | | 33130 | |
| - | | City | , Florida _ | 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 for Managing Member being added or removed from our records:

MGR - Manager MGRM = Managing Member <u>Title</u> Name <u>Address</u> Type of Action MGRM GERMAN GONZALEZ 175 SW 7 STREET STE: 1900 MIAMLEL 33130 **∑** Add Remove DARIEL ACOSTA MGRM Add Remove 175 SW 7 STREET STE: 1900 MIAMI, EL 33130 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member of authorized representative of a member

GERMAN GONZALEZ

Typed or printed name of signee

Page 2 of 2

2010

Dated

OCT. 12