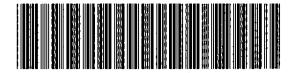
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| Special Instructions to | Filing Officer | |
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DEFARRACIO OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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EXAMINER

SECRETARY OF STATE



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CORPORATE FILING SERVICE

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| CORPORATION NAME(S) & DC | Office Use Only CUMENT NUMBER(S), (if known): |
|--|--|
| | PERMARKET III L. L. C. (Document #) |
| 2. (Corporation Name) | (Document #) |
| 3. | |
| (Corporation Name) | (Document #) |
| Walk in Pick up tim Mail out Will wait | (Document #) e Certified Copy Photocopy |
| NEW FILINGS Profit Not for Profit Limited Liability Domestication Other | AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger |
| OTHER FILINGS Annual Report Fictitious Name | REGISTRATION/QUALIFICATION Poreign Limited Partnership Reinstatement Trademark Other |
| | Examiner's Initials |

CR2E031(7/97)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | PERMARKET I | | | | | | | |
|--|--|---|--|--|-------------------|-------------|--|--|
| (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 | | | | | | | | |
| This amendment is submitted to amend the follow | ving: | | | | | | | |
| A. If amending name, enter the new name of t | <u>he limited liability</u> | company here: | | | | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited | Liability Company | ," the designation "LLC" | or the | abbrev | iation | | |
| L.L.C. | | | | ሳ ድ ረሳ ግ ድና እ | 20 | | | |
| Enter new principal offices address, if applical | ole: | | | | ******* | alleren , | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | <u> </u> | [. i ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | 50 | | | |
| | | | | <u> </u> | <u> </u> | 1 | | |
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| | | | | ~! | | ۲~. | | |
| Enter new mailing address, if applicable: | - | | | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | <u> </u> | | | | |
| | _ | | | | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office ce address here: | address on our | records, <u>enter the</u> | name | of the | new | | |
| Name of New Registered Agent: | ANDRES I | STEVEZ | | | <u> </u> | | | |
| New Registered Office Address: | 1150 N.V | 72nd Av | enue Suite 55 | 5 | | | | |
| | Enter Florida street address | | | | | | | |
| | Miami | | , Florida 331 | 26 | | | | |
| | City | | , Fiorida33120 Zip Code | | | | | |
| New Registered Agent's Signature, if changing Re | gistered Agent: | | | | | | | |
| I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the re- company has been notified in writing of this ch | pper and complete ered agent as prov gistered office add | performance of vided for in Chap dress, I hereby co | my duties, and I am fo tter 608. F.S. Or. if th | amilia is doc | ir with cument | and | | |

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|----------------|--|--|-----------------|
| MGRM | ANDRES ESTEVEZ | 17125 N. Bay Road #3205 Sunny Isles Beach Florida, 33160 | Add ☐ Remove |
| MGRM | DAYANA RAMIREZ | 140 S. Dixie Highway Apt. 709 Hollywood, Fl. 33020 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Rembye |
| | | | Add CRemove |
| D. If amend | ling any other information, enter chan | ge(s) here: (Attach additional sheets, if necessary | ·) |
| | | | |
| - - | | | |
| Dated Fe | ebruary 19, 20110 | hs Estavy | |
| | (Signature of a membe | r or futhorized representative of a member | |
| | ANDRES | ESTEVEZ | |

Page 2 of 2

Filing Fee: \$25.00