

Dec. 1, 2016 10: AM

No. 0432 1032

L10000101798

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850) 656-7956
Fax Number : (850) 656-7953

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLUXINVEST, LLC

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DEC 02 2016

Electronic Filing Menu

Corporate Filing Menu

HelpSULKER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLUXINVEST, 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 September 29, 2010 and assigned
Florida document number L10000101798.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 805, 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

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No. 0473 P. 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Pedro Ignacio Maggi	6205 Blue Lagoon Drive, Ste 130	<input checked="" type="checkbox"/> Add
		Miami, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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MILAN ASSOCIATES, FLORIDA

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Dated November 30th 2016

Signature of a member or authorized representative of a member

Pedro Maggi

Typed or printed name of signer