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Division of Corporations

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Florida Department of State
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L. SELLERS

OCT 21 2011

EXAMINER

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Fax Number : (850)617-6383

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EMTA GROUP LLC

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H11000253055

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMTA GROUP 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 10/14/2010 and assigned Florida document number L10000107430

This amendment is submitted to amend the following:

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

N/A

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

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)

_____, Florida _____
(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 Changing Registered Agent, Signature of New Registered Agent)

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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	Address	Type of Action
MGRM	CARLOS E. CHACIN	343 ALCAZAR AV. STE 102 CORAL GABLES, FL 33134	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

MAILING ADDRESS: P.O. BOX 800731 AVENTURA FL 33280
ADDRESS OFFICE: 17105 N. BAY Rd. #609 SUNNY Isles Florida. 33160

Dated _____

X _____
Signature of a member or authorized representative of a member

_____
Typed or printed name of signee

H11000253055