L10000110416

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DIVISION OF COMMENTATION

COVER LETTER

| TO: | Registration S Division of Co | | | | | |
|----------------|----------------------------------|---|---|--|--|--|
| SUBJI | E C T∙ | CHEBI INVEST | MENT GROUP, L.L.C. | | | |
| 301361 | | | | | | |
| The en | aclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please | return all corresp | ondence concerning this matter | to the following: | | | |
| | | | Sebastian Golod | | | |
| Name of Person | | | | | | |
| | | Chebi | Investment Group, L.L.C. | | | |
| | | | Firm/Company | | | |
| | | 1390 | Brickell Avenue, No. 103 | | | |
| | | Address | | | | |
| | | | Miami, FL 33131 | | | |
| | | | City/State and Zip Code | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | | |
| For fur | rther information | concerning this matter, please o | all: | | | |
| | Н | ernan Golod | at (_305) | 370-2076 | | |
| | Name (| of Person | Area Code & Daytim | e Telephone Number | | |
| Enclos | ed is a check for t | he following amount: | • | | | |
| \$25 | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Regist | JING ADDRESS: ration Section on of Corporations | STREET/COURI Registration Section Division of Corporation | n | | |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



10 DEC -8 AM 9: 51

| CHEB (Name of the Limite | I INVESTM d Liability Comp A Florida Limited | ENT GROUP, pany as it now appears or Liability Company) | our records.) | | |
|---|--|---|---|--|--|
| The Articles of Organization for this Limited I Florida document number L1000011 | • | ny were filed on Oct | ober 22, 2010 and assigned | | |
| This amendment is submitted to amend the fol | lowing: | | | | |
| A. If amending name, enter the new name | of the limited lia | bility company here: | | | |
| | N/ | ′ A | | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Lir | nited Liability Company," | the designation "LLC" or the abbreviation | | |
| Enter new principal offices address, if appli | cable: | N/A | | | |
| (Principal office address MUST BE A STRE. | <u>ET ADDRESS)</u> | | | | |
| Enter new mailing address, if applicable: | | N/A | | | |
| (Mailing address MAY BE A POST OFFICE | E BOX) | | | | |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address: | or registered of office address he | office address on our ere: | records, enter the name of the new | | |
| New Registered Office Address: | | Enter Florida street address | | | |
| | | | , Florida | | |
| | | City | Zip Code | | |
| No. 10. 14 IA 15 Ct. 4 IC 1 | D 14 14 . | | | | |

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

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------------------|---|--|
| MGR | ALEXIA KEGLEVICH | 1390 Brickell Avenue Suite No. 103 Miami, FL 33131 | Add ✓ Remove |
| MGR | HERNAN GOLOD | 1390 Brickell Avenue Suite No. 103 Miami, FL 33131 | ✓ Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If am | nending any other information, ent | er change(s) here: (Attach additional sheets, if necessary.) | _ |
| Dated | November 10 | , 20D J . | SECRETARY OF COLD MARKET SECRETARY OF COLD MAR |
| | Signature of | a/member or authorized representative of a member Sebastian Golod Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00