Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

I mestra LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number 10000121358	are filed on 112310 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	
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 offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	
Enter new mailing address, if applicable:	1-0
(Mailing address MAY BE A POST OFFICE BOX)	N H
-	1011
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Wideida 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 605, 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

MGR = Manager

AMBR = Authorized Member

_ Change

_D Add

□ Remove

_ Change

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

<u>Title</u> Type of Action Name Pablo Munoz de Cote 444 □ Remove Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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		_ M _89.	<u> </u>
E. Effective date, if other than the date of filing: MOYCH 1St, 2015 (optional)	ORIDA	2	. (0) (1)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) In Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be li	isted as	/ (3)(6) s the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or (b) The 90th day after the record is filed.	n the ear	iler o	ť:
11/3/15			
Dated 1115/15			
Signature of a member or authorized representative of a member			
Pablo Munoz de Cote.			

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Filing Fee: \$25.00