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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number: I20000000205 Phone

Fax Number

: (305)416-6800 : (305)416-6811

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALDRES INVESTMENTS, LLC

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EXAMINER

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COVER LETTER

	Division of Cor			
SUBJEC'	T ,	ALDRES IN	VESTMENTS, LLC	
SUBJEC			ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
			Diane M. Hernandez	10 DEC-7 AM 8: 05
			Name of Person	TER OF .
			Adams Gallinar, P.A.	
			Firm/Company	SEE SEE
		1000	Brickell Avenue, Suite 300	77.S.
			Address	98 9
		,	Miami, Florida 33131	2. Ott.
		'	City/State and Zip Code	
		dhe	ernandez@agilaw.com	
Dan Gushan			to be used for future annual report notifica	tion)
ror surune	r information c	oncerning this matter, please of	all:	
		M. Hemandez	at (305) 4	16-6800
	Name o	f Person	at (305) 4' Area Code & Daytime T	Celephone Number
Enclosed	is a check for th	ne following amount:		
\$25.00) Filing Fee	\$30.00 Fiting Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		ation Section	STREET/COURIES Registration Section Division of Corporati	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H10000263132 3	1000	
E E E	1	100
ds.)	C. E. Co. 1.	8.06

ALDRES INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 23, 2010 and assigned L10000121859 Florida document number _____ 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 end with 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: (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

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

_, Florida ____

Page 1 of 2

MGR = Manager

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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:

MGRM =	Managing Member		
Title	Name Adriana Eylegn Veracpechea: Cardoza	Address	Type of Action
MGR	Veracoechea Cardoza	1000 Brickell Avenue Suite 300 Miami, Elorida 33131	Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter change((8) here: (Attach additional sheets, if necessary.)	10 SE
~			DEC-7 CRETARY LAMPSSE
Dated	December 7 , 201		AN 8: 06 E. FLORIDE
		Authorized representative of a member	
	Typed or	ms, Authorized Signatory printed name of signee	

Page 2 of 2

Filing Fee: \$25.00