

U10000122095

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
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Fax Number : (850) 878-5368

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

Email Address: _____

T. CLINE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DEC - 1 2010

OPTIMUS US 4450 N.W. 9TH ST., L.L.C.

EXAMINER

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED
10 NOV 30 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION

FOR

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
Optimus US 4450 N.W. 9th St., L.L.C.

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The name of the limited liability company was incorrectly stated as Optimus US 4450 N.W. 9th St., L.L.C.

on its original Articles of Organization. The correct name of the limited liability company is:

Optimus US 4550 N.W. 9th St., L.L.C. The corrected Article 1 shall be and read as follows:

ARTICLE 1 - Name: The name of the limited liability company is: Optimus US 4550 N.W. 9th St., L.L.C.

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: November 30, 2010

Lisa J. Palenski
Signature of a member or authorized representative of a member

Lisa J. Palenski, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00
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10 NOV 24
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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
PM 4:44

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Optimus US 4450 N.W. 9th St., L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Attn: Eduardo Labella
Carace 543, Apto 1
11302 Montevideo, Uruguay

Mailing Address:

Attn: Eduardo Labella
Carace 543, Apto 1
11302 Montevideo, Uruguay

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CT Corporation System

Name

1200 South Pine Island Road

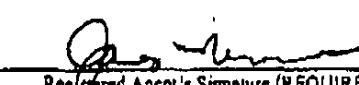
Florida street address (P.O. Box NOT acceptable)

Plantation

FL

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..


JAMES M. NEWSOME
Special Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Optimus US Properties Holdings, L.L.C.

Attn: Eduardo Labella

Caraca 543, Apto 1

11302 Montevideo, Uruguay

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Lisa J. Felenski
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(J), Florida Statutes, the execution
of this document constitutes an affirmation under the penalties of perjury
that the facts stated herein are true.)

Lisa J. Felenski, Authorized Representative

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)