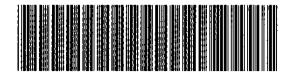
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SECRETARY OF STATE

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J. BRYAN

NOV -1 2011

EXAMINER



COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	PROINO ¹	VA MEXICO, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:		
	FEF	FERNANDA SHREWSBURY Name of Person NOVACAIXAGALICIA, MIAMI BRANCH		•
	NOVACA			
		Firm/Company		: अर्थे इ.स.
	1111 BRI	1111 BRICKELL AVENUE, SUITE 2600 Address MIAMI, FLORIDA 33131 City/State and Zip Code FSHREWSBURY@NOVACAIXAGALICIA.ES		menseria.
				2 8 m
	M			3
	FSHREWSB			3 M
		to be used for future annual report notific	ation)	Si Kd
For further information	concerning this matter, please	cali:	RIO.	. 湖
	IDA SHREWSBURY of Person		91 - EXT.3368	
Name	or rerson	Area Code & Daytime	lelephone Number	
Enclosed is a check for	the following amount:			
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is end	
MAII	LING ADDRESS:	STREET/COURIE	P ADDDFSS.	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROINOVA !	MEXICO, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	04/28/2011	and assigned
Florida document number <u>L11000050365</u> .			,
This amendment is submitted to amend the following:	·		
A. If amending name, enter the new name of the limited lia	bility company her	<u>ге</u> :	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADDRESS)			A ()
Enter new mailing address, if applicable:			AND THE PROPERTY OF THE PROPER
(Mailing address MAY BE A POST OFFICE BOX)			1080 E
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he	ffice address on o re:	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fu	ter Florida street addi	
	Lii		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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	GREGORIO GORRIARAN	1111 Brickell Avenue, Suite 2600 Miami, Florida 33131 US	Add ✓ Remove
			Add Remove
			Add Remove
· 			Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If amen —	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary	FIL OCT 31
	,		THE STATE OF
 Dated	OCTOBER 26	2011	
	_	ber or authorized representative of a member	
		CARLOS CORRAL ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00