Nov 07 201	Provide Department of State Division of Corporations Electronic Filing Cover Sheet					
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.					
	(((H11000264921 3)))					
· .	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.					
	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CSH SERVICES, LLC Account Number : I20070000160 Phone : (800)494-3124 Fax Number : (561)455-9885					
4 6	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:					
RECEIVED	LLC AMND/RESTATE/CORRECT OR M/MG RESIGNASS KAULICH TRADING COMPANY, LLC Certificate of Status Certified Copy Page Count Page Count Certified Charge S25.00 Certified Charge Certified Charg					
El	ectronic Filing Menu Corporate Filing Menu F: HAMPTON Ni)V = 0 2011 EXAMINER					

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	FILED
ARTICLES OF AMENDMENT	20HN0002648219;07
TO ARTICLES OF ORGANIZATION OF	SECRETARY OF STATE TALLAHASSEE, FLORIDA
KAULICH TRADING COMPANY, LLC	* wasawda)
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	<u>records</u> ,
The Articles of Organization for this Limited Liability Company were filed on05/03/20 Florida document numberL11000052249	011 and assigned
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 "L.L.C."	designation "LLC" or the abbreviat
Enter new principul offices address, if applicable:	
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 reco	ords, <u>enter the name of the n</u>
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
1	······································
New Registered Office Address: (Enter Flor	1da 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. the provisions of all statutes relative to the proper and complete performance of my du accept the obligations of my position as registered agent as provided for in Chapter 6 being filed to merely reflect a change in the registered office address, I hereby confirm company has been notified in writing of this change.	uties, and I am familiar with an 08, F.S. Or, if this document is

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

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If amending the Managers or Managing Members on our records, enter the fitle, name, or Managing Member being added or removed from our records:			and address of each Manager H11000264921 3	
MGR = M MGRM =	anager Munaging Member			
Title	Name	Address	Type of Action	
MGRM	ELIAS TORRES ARROYO	RESIDENCIAL VILLAS DE TULIN SABANILLA MONTES DE OCA SAN JOSE, COSTA RICA	CASA H-1 II Add Remove	
MGRM	<u>GEORG LUDWIG VON KOLLER</u> FOURNIER	FINCA EL PIZOTE SAN RAMON DE TRES RIOS CARTAGO, COSTA RICA	Add Remove	
			Add Remove	
			Add Remove	
	<u> </u>	····	Add	
	ading any other information, enter chang		FILED SEUKEVARY OF STATE	
Dated <u>N</u>	OVEMBER 04 , 201	Par		
	Signature of a member	or authorized representative of a member	<u> </u>	
		SUSAN REGEV		
		Page 2 of 2		

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