11000076241

(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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EXAMINER



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SEPSETARY OF STATE

COVER LETTER

TO: Registration S Division of Co	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	Julio Gerrano Sanchez Name of Person Inversiones Couz del Sur Firm/Company 8620 NW 64 ST Suife 11 Address Miami, FL 33166 City/State and Zip Code 10/10 — Servano 75 Duahoo com
For further information	E-mail address: (to be used for future annual performance) concerning this matter, please call:
	at (
Name	of Person Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Inversion	es Cruz del Sur 1	110
(<u>Name of the Limited</u> (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lie		30/2011 and assigned
Florida document number <u>L 11000076</u>	241.	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	BOX)	
B. If amending the registered agent and/o registered agent and/or the new registered off		ecords, enter the mone of the new
Name of New Registered Agent:	Julio Serrano	Sanches
New Registered Office Address:	8620 NW 6	orida street address = :
	Miami	, 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 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

MGR = Mana MGRM = Ma	nger naging Member					
<u>Title</u>	Name	Address	Type of Action			
MbR	Lau A. Quegada	8620 NW 645T Svite 11 Miami, FL 33166	_ Add _ Remove			
MbR	Julio Serrano bankez	Miami, FL 33166 8620 NW 64 ST Swell Miami, FL 33166	Add Remove			
			Add Remove			
			Add Remove			
			_∏Add _∏Remove			
			Add Remove			
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_			
			-			
			_			
		<u> </u>	_			
Dated Ju	-ly 1 201		-			
	A)					
Signature of a member or authorized representative of a member						
Typed or printed name of signee						

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:

Page 2 of 2

Filing Fee: \$25.00