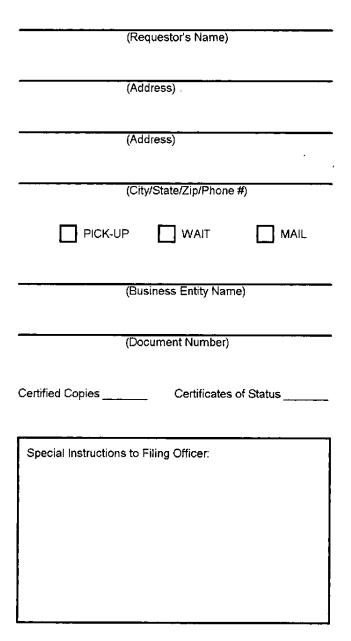
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B. BOSTICK
NOV 4 - 2011
EXAMINER

TO: Registration Division of C	i Section Corporations	£ ,
SUBJECT: BR	CKELL PET SERVICES LLC	8
40	N. 61.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	MARCELO L. AWAREZ MARIX A - ALV	APEZ
	BAICKELL PET SERVICES Firm/Company	eranever's called state of the data of all community
	60 8W 13TH ST. # 3011 Address	
	MAMI PL 33130 City/State and Zip Code	A C
	City/State and Zip Code FACTORMOVIL @ SMAIL. COM E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	PH 2:50
MARCELO Nam	at (305) 942 · 859 The of Person Area Code & Daytime Telep	<u> </u>
Enclosed is a check fo	or the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status (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

TO ARTICLES OF ORGANIZATION OF

Der convices Lic

(Name of the Limited Liability Com (A Florida Limite	npany as it now ap ed Liability Compar	pears on our record	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Compa				assigned
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited t</u>	iability company	here:		
FACTOR MOVIL L.L.C.				
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Co	mpany," the designa	ation "LLC" or th	ie abbreviation
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	2			
	**************************************	P	10 L	7. 18.18
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)			F1.0	- dr
	*************************************		78 55 50 50	
3. If amending the registered agent and/or registered registered agent and/or the new registered office address be		on our records, <u>e</u>	enter the name	of the new
Name of New Registered Agent:			<u> </u>	NEW TO THE BUILDING STOP STOP STOP
New Registered Office Address:				
		Enter Florida stre	ret address	
		Flori	ida	
	City		Zip Ce	xle
New Registered Agent's Signature, if changing Registered Age	ent:			

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

or managing meinder being added or removed from our records: MGR = Manager. MGRM = Managing Member Type of Action Title Name Address ☐ Add Remove Remove ___ Add ☐ Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PURPOSES: THE GENERAL PURPOSE FOR WHICH THE COMPANY IS ORGANIZED IS TO ENGAGE IN THE BUSINESS OF INTERNET RELATED SERVICES 2017 Dated OCTUBER 318T ed representative of a member

Typed or printed name of signee

MARCELO L. ALVHREZ

Page 2 of 2

Filing Fee: \$25.00