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SECRETARY OF STATE ALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER AUG 3 1 2011

COVER LETTER

TO:	Registration Sectorial Division of Corp					
SUBJEC	ĊΤ·	CI	EPA LLC			
SOBOLA		Name of Limi	ted Liability Company			
The encl	losed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspond	dence concerning this matter	to the following:			
			JAVIER SANGUINO		_	
			Name of Person			
			Firm/Company		201 SE TAL	
	5660 NW 113TH PLACE			2011 AUG 30 SECRETARY ALLAHASSE	``	
			Address		G 30 TARY ASSE	,
	DORAL, FL 33178			OF S	m	
		javier	City/State and Zip Code .sanguino.g@gmail.con to be used for future annual report	n notification)	Y OF STATE EE. FLORIDA	Image: Control of the
For furth	ner information cor	ncerning this matter, please c	•	morrication)		
	JAVIEF	R SANGUINO	at (305)	9685419		
	Name of I	Person		ytime Telephone Numbe	er	
Enclosed	l is a check for the	following amount:				
₹2 5.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) Certifie	ate of Status &	sed)
	Registrat Division P.O. Box	iG ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registration Se Division of Co Clifton Buildir	rporations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		A LLC				
(<u>Na</u>	me of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records.)			
The Articles of Organization f	or this Limited Liability Compan	y were filed on	08/24/2011	and assigned		
Florida document number	L11000097172					
This amendment is submitted	to amend the following:					
A. If amending name, enter	the new name of the limited lia	bility company he	<u>re</u> :			
The new name must be distingu "L.L.C."	shable and end with the words "Lin	nited Liability Compa	any," the designation	"LLC" or the ab	obreviation	
Enter new principal offices a	ddress, if applicable:			₹. ~		
(Principal office address MU	ST BE A STREET ADDRESS)					
		 		A A A		
Fatan and a three didenses	:			30 VRY (SSEE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				To The	— []]	
				<u>8</u>		
		·		≥ K		
	ered agent and/or registered of new registered office address he		our records, <u>enter</u>	the name of	the new	
Name of New Regist	ered Agent:			· · · · · • •		
New Registered Offi	ce Address:					
		Enter Florida 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. 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title Address **Type of Action** <u>Name</u> MGR JAVIER SANGUINO 5660 NW 113TH PLACE ✓ Add **DORAL_FL 33178** Remove ☐ Add Remove ☐ Add Remove Add Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member **CARLOS PANTIN** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00