

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : I20000000121 Phone : (239)649-6200

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Rmail Address: kwilliamson@larsonallen.com

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ARTICLES OF AMENDMENT 11 SEP -7 AM 9: 02 TO SECRETARY OF STATE OF OF

	ARCOS'	TAR, LLC		,
(Na	me of the Limited Liability Comp (A Florida Limited	any as it now ap Liability Compar	pears on our records.)	<u></u>
			ALICHIST 30, 2044	
	for this Limited Liability Compar	iy were filed on _	AUGUST 30, 2011	and assigned
Florida document number	L11000099760			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited lia	bility company	<u>here</u> :	
The new name must be distingu	ishable and end with the words "Lin	nited Liability Con	mpany," the designation "L	LC" or the abbreviation
Enter new principal offices :	address, if applicable:			
(Principal office address MU	ST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	<u>POST OFFICE BOX)</u>			
		<u> </u>		
	ered agent and/or registered o new registered office address he		n our records, <u>enter tl</u>	ne name of the new
Name of New Regist	ered Agent:			
New Registered Offi	ce Address:		Francisco de La Companya de La Compa	
		Enter Florida street address		
	 	City	, Florida	Zip Code
fam. Mandataurad Amanda St		_		

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

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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

Title	Name	Address	Type of Action
MGR	MICHAELA GIUDICI HURT H	VIA CANTONALE 54 6919 CARABIETTA SWITZERLAND	☑ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. Ifamendin	as any other information enter shange(A barre (Attack additional shorts if you are it	Add Remove
	SEPTEMBER 1 2014	s) here: (Attach additional sheets, if necessary.)	FILE D 11 SEP -7 AM 9: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Traied	William	authorized representative of a member	
	WILL	LIAM O'NEILL	
	Typed or p	printed name of signee	_

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Filing Fee: \$25.00

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