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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

NUV - 0 2011

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	DESM	MOTORI, LLC		
		ited Liability Company		
The enclosed Articles of A	amendment and fee(s) are suit	bmitted for filing.		
Please return all correspon	dence concerning this matter	r to the following:		
	FRA			
		Name of Person		
WILSON ELSER MOSKOWITZ EDELMAN & DICKER				
		Firm/Company		
	100 SE	2ND STREET SUITE 3800		
		Address		
		MIAMI FL 33131		
		City/State and Zip Code		
	FRANCISCO.G	ONZALEZ@WILSONELSEF	R.COM	
For further information co	E-mail address: (ncerning this matter, please o	to be used for future annual report notificated:	tion)	
FRANCISC	CO J. GONZALEZ	305	412263	
Name of		at (<u>305</u>) 3 Area Code & Daytime 1		
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	NG ADDRESS: tion Section	STREET/COURIER Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

-- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2011 NOV -7 PM 3:41

SECRETARY OF STATE TALLAHASSEE. FLORIDA

DESMOTORI, LLC
Name of the Limited Liability Company as it now appears on or

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

e Articles of Organization for this Limited Liability Company were filed on 09/28/2011

The Articles of Organization for this Limited Liability Company	were filed on	09/28/2011	and assigned
Florida document number L11000110813			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	2001 NW 16	7TH STREET	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33	056	
Enter new mailing address, if applicable:	2001 NW 16	7TH STREET	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33	056	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			<u>.</u>
	En	nter Florida street addi	ress
		, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRANCISCO GONZALEZ	100 SE 2ND STREET SUITE 3800 MIAMI FL 33131	Add Remove
<u>MGRM</u>	POMPEYO DE FALCO	2001 NW 167TH STREET MIAMI FL 33056	✓ Add ☐ Remove
MGR_	FREDY ABELLA	2001 NW 167TH STREET MIAMI FL 33056	
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
Dated	-	or authorized representative of a member	FILED 2011 NOV -7 PH 3: 41 LSEMMETARY OF STATE LSEMMETARY OF STATE LSEMMETARY OF STATE A STATE LSEMMETARY OF STATE LSEMMETARY OF STATE A ST
-	FRANC Typed	OISCO J. GONZALEZ or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00