Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIGO AND COMPANY

Account Number : 120130000070 : (305)443-4280 Phone

Fax Number : (305)446-6175

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANMERY, LLC.

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Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANMERY LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/31/2011 Florida document number L11000123915 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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Zip Code

H 1 3 0 0 0 7 9 8 1 7 8 3

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>	Name	Address	Type of Action
MGRM	DANILO J GARCIA ESCALONA	2320 PONCE DE LEON BOULEVAR	D Add
		CORAL GABLES, FL 3313	4 Remove
			Add
			Remove
			Add
			Remove
·			Add
		SECRETAR	
		EE, FLORIDA	6 ∏ Bemove 7: 32
			Add
			Remove

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D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
J	
<u></u>	
-	•
	
Dated SEPT	6 2013
Dated	
_	Signature of a member or authorized representative of a member
L	DURMERY PERNIA CEDENO
_	Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE