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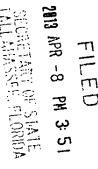
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| PICK-UP  | ☐ WAIT            | MAIL                                  |
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| Certified Copies   | _ Certificates    | of Status                             |
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| Special Instructions to  | Filing Officer:   |                                       |
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Office Use Only



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# **COVER LETTER**

| TO: Registration Division of C | n Section<br>Corporations                   |  |   |
|--------------------------------|---|--|---|
| SUBJECT:                       | MARAN FLO                                   | ORIDA INVESTMENT cd Liability Company  | VTS, LLC  |
| The enclosed Articles          | of Amendment and fee(s) are sub             | mitted for filing.   |   |
| Please return all corre        | spondence concerning this matter            | to the following:  |   |
|                                | DONALD                                      | Name of Person   |   |
|                                |   | J And KAHN Pol   |   |
|                                |   | 71 <sup>St</sup> STREET  |   |
|                                | Miami                                       | BEACH FLORIDA =  | 33141   |
|                                | DONAL<br>E-mail address: (to                | BEACH FLORIDA =  City State and Zip Code  DO JK MIAMI Lo  o be used In future annual report notificati | AW. COM   |
| For further information        | on concerning this matter, please ca        |  |   |
| ONA                            | LO KAHN ESQ<br>ne of Person                 | at ( 305) 865 4<br>Area Code & Daytime To  | H311 EX. 34   |
| Enclosed is a check for        | or the following amount:                    |  |   |
| \$25,00 Filing Fee             | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2013 APR -8 PM 3:51

SECKETARY OF STATE TALLAHASSEE, FLORIDA

| MARAN   | Florida IN   | VESTMENTS.                  | LLC                    |
|---|--|-----------------------------|------------------------|
| (Name of the Limited Liabili<br>(A Florid                                       | ity Company as it now appe<br>a Limited Liability Company) | irs on our records.)        | ·                      |
| The Articles of Organization for this Limited Liability Florida document number |  | 11/4/2011                   | _ and assigned         |
| This amendment is submitted to amend the following:                             |  |                             |                        |
| A. If amending name, <u>enter the new name of the li</u>                        | mited liability company he                                 | ere:                        |                        |
| The new name must be distinguishable and end with the w"L.L.C."                 | ords "Limited Liability Comp                               | pany," the designation "LLC | C" or the abbreviation |
| Enter new principal offices address, if applicable:                             |  |                             |                        |
| (Principal office address MUST BE A STREET ADI                                  | DRESS)   |                             |                        |
|   |  |                             |                        |
|   |  |                             |                        |
| Enter new mailing address, if applicable:                                       |  |                             |                        |
| (Mailing address MAY BE A POST OFFICE BOX)                                      | <u></u>  |                             |                        |
|   |  |                             |                        |
| B. If amending the registered agent and/or reg                                  |  | our records, enter the      | name of the new        |
| registered agent and/or the new registered office ac                            | <u>ldress here</u> :                                       |                             |                        |
| Name of New Registered Agent:   |  |                             | <del></del>            |
| New Registered Office Address:  |  |                             |                        |
|   | E  | nter Florida street addres  | s.s                    |
| <u></u>   | City   | , Florida                   | Zip Code               |
| Now Davistand & control Cine - to - 16 character Davis                          | •  |                             | Zip Code               |
| New Registered Agent's Signature, if changing Registe                           | i cu 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Address** <u>Title</u> <u>Name</u> MANUEL KugelMASS AVENIDA PONCE 1302-PISO 11 Add MGRM Montevideo, VRUQUAY Remove MV 11300 MGR" MANUEL Kugelmass AVENIDA PONCE 1302-PISO 11 XAdd Montevideo, VRUGUAY MV 11300 Remove Remove

| . If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|--|
|         |  |
|         |  |
|         |  |
|         |  |
| ited    | April 3rd . 2013.  |
|         | mall Ila Ex  |
|         | Signature of a member or authorized representative of a member                                 |
|         | Dowako KAHW ESO  Typed or printed name of signee   |

Page 3 of 3

Filing Fee: \$25.00

