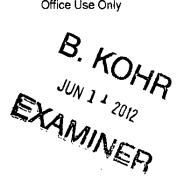
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Ellos	Global LLC		
Sobsect.	Name of Limited Liability Company			
	of Amendment and fec(s) are subondence concerning this matte	_	The contract of the contract o	
		Hector Arguello		
		Name of Person		
Ellos Global LLC				
		Firm/Company		
		6835 SW 115 ST		
		Address		
		City/State and Zip Code		
	E-mail address: (ector@ellosglobal.com to be used for future annual report notific	ation)	
For further information	concerning this matter, please	•	ulton)	
Н	ector Arguello	at (786)	5121075	
Name	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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

Ellos Global LLC

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

1/17/2012 The Articles of Organization for this Limited Liability Company were filed on _____ and assigne L12000007762 Florida document number _____ 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 City

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, 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 **Title Name** <u>Address</u> **MGRM** Olga Arguello 851 North Glebe Road Apartment 418 Arlington Virginia 22203 Remove ☐ Add ☐ Remove □ Add ☐ Remove $\prod \Lambda dd$ Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 22 2012 Dated MGRM Signature of a member or authorized representative of a member Hector Arguello MGRM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00