

L12000015661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

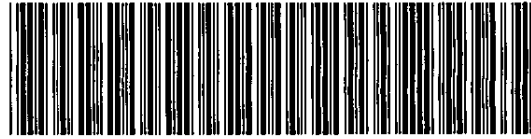
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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INVERSIONES TRES LUIS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Sily, Esq.
Name of Person
Law Office of Jennifer Sily, P.A.
Firm/Company
8726 NW 26 Street, Suite 26
Address
Doral, Florida 33172
City/State and Zip Code
jsily@silylaw.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Sily, Esq. at (305) 463-8639
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
- \$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**

INVERSIONES TRES LUIS, 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 February 02, 2012 and assigned Florida document number L12000015661.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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: 1533 Garden Road
Weston, Florida 33326
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1533 Garden Road
Weston, Florida 33326
(Mailing address MAY BE A POST OFFICE BOX)

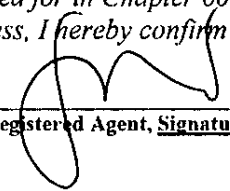
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Jennifer Sily
New Registered Office Address: 8726 NW 26 Street, Suite 26
Enter Florida street address:
Doral, Florida
City
33172
Zip Code

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TALLAHASSEE, FLORIDA

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

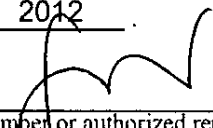
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOSE L. TABARES	10747 NW 76 LANE DORAL, FLORIDA 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NORKA GORDILS	10747 NW 76 LANE DORAL, FLORIDA 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Pedro Jose Gimeno Pueyo	1533 GARDEN ROAD WESTON, FLORIDA 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October, 2012



 Signature of a member or authorized representative of a member

 Jennifer Sily, Esq.

 Typed or printed name of signer