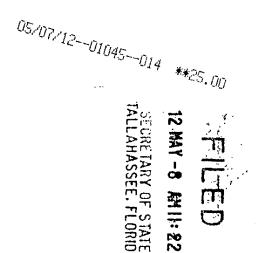
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
` (Bu	isiness Entity Nai	me)
 (Do	ocument Number))
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D. BRUCE

MAY 0 9 2012

EXAMINER

COVER LETTER

Division of Co	rporations				
SUBJECT:	VIVAL	_DINO, LLC			
SUBJECT:		ed Liability Company		_	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	ALFI	RED F. ANDREU, ES	SQ		
		Name of Person			
	MA	RY LOU RODON, P.	A.		
		Firm/Company		_	
	2222 PONCE	DE LEON BLVD., PI	ENTHOUSE		
		Address			
	CORAL	GABLES, FLORIDA	33134	P Co	
		City/State and Zip Code			
	AANI	DREU@SRALAW.CO	DM	UKETAR	
For further information	e-mail address: (t concerning this matter, please c	o be used for future annual rep all:	ort notification)	RY OF	
	F. ANDREU, ESQ.	at (305)	445-8881 Daytime Telephone Num	Y OF STATE SEE, FLORIC	; O
Name	of Person	Area Code &	Daytime Telephone Nun	Diricination of the second of	-
Enclosed is a check for	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certif nclosed) Certif	Filing Fee, ficate of Status fied Copy tional copy is e	

MAILING ADDRESS:

Registration Section

TO:

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

VIVALI	DINO, LLC			
(<u>Name of the Limited Liability Con</u> (A Florida Limit	ipany as it now appea ed Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compa			and assi	gned
Florida document numberL12000016351				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited l</u>	iability company her	re:		
N / A				
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Compa	any," the designation '	'LLC" or the al	obreviation
Enter new principal offices address, if applicable:	N	/ A		•
Principal office address MUST BE A STREET ADDRESS	<u> </u>			
			A R 75	
			ARE THE	
Enter new mailing address, if applicable:	N	<u>/ A</u>	ASS -	
(Mailing address MAY BE A POST OFFICE BOX)			E O	m
			F STA	
D. If any all the state of the		_		_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		our records, <u>enter</u>	Me hame of	the new
				
Name of New Registered Agent:	<u>N</u>	/ A		
New Registered Office Address:				
	En	ter Florida street ad	dress	
	, 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 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>	Name	Address	Type of Action
MGRM	Windward Consulting Corp	Calle 54 Este # 3A, Ciudad de Panamá República de Panamá	✓ Add ☐ Remove
MGRM	Fundacion Oromasis	Ave. Samuel Lewis Torre ADR Piso 8, Oficina 8C Panama City, Panama	X Add ☐ Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		AddRemove
			Add Remove
-			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	LAHAS.
			MILED MILES SEF. FRORIDA
 Dated	March 29th, 20		-
	V	or authorized representative of a member	
	l yped	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00