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SECRETARY OF STATE
DIVISION OF SOMPORATIONS

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## **COVER LETTER**

10:	Division of Corp					
SUBJE	·CT·	COMFORTE	RAVEL (USA), LLC			
SUDJE			ted Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		G	SUSTAVO MORALES			
	Name of Person					
	ALPHA-TRUST GROUP INC.					
	. Firm/Company					
		80 SW 8TH STREET, STE 2000				
		Address				
			MIAMI, FL 33130			
			City/State and Zip Code	_		
		E-mail address: (s	CT@ALPHA-TRUST.CON to be used for future annual report notifications.	(fication)		
For fur	ther information co	oncerning this matter, please c	all:			
	GUST	AVO MORALES	at ( 305 )	7048795		
	Name of	Person	Area Code & Dayti <del>n</del>	ne Telephone Number		
Enclos	ed is a check for th	e following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SEGRETARY OF STATE DIVISION OF COPPURATIONS

12 SEP 25 AM 8: 44

(Name of the Limited	Liability Compar Florida Limited L	LL (USA), LL <u>v as it now appea</u> iability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document numberL1200001	iability Company		1	and assigned
This amendment is submitted to amend the following	owing;			
A. If amending name, enter the new name of	f the limited liabi	ility company her	<u>·e</u> :	
	n/a			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ed Liability Compa	nny," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applic	able:	<u>n/a</u> _		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		<u>n/a</u>		
(Mailing address MAY BE A POST OFFICE	BOX)		·	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/ registered agent and/or the new registered o	or registered off ffice address here	ice address on (	our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	<u>n/a</u>			
New Registered Office Address:				
	Enter Florida street address			
			, 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

Ale

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
MGR	KARINA APONTE	80 SW 8TH STREET, STE. 2000 MIAMI, FL 33130	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
	<del> </del>		Add Remove
	.I/Δ	change(s) here: (Attach additional sheets, if necessary.)	
<u>-</u> 			SEGRETARY OF STA
Dated	SEPTEMBER 21	/2012	8: LL 8: LL REATIONS
	Signature of a	Page 2 of 2  Filing Fee: \$25.00	