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(City/State/Zip/Phone #)	08/03/1201025003 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	RECEIVED 12 AUG -3 AMII: 59 SECRETARY OF STATE TALLAHASSEE, FLORDA
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۰ ۱	INC. 236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666						
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2.	(CORPORATE NAME AND DOCUMENT #)						
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ARTICLES OF AMENDMENT FILED. TO ARTICLES OF ORGANIZATION 12 AUG =3 AN 10: 07 OF SECRETARY OF STATE TALLAHASSEE, FLORIDA Secure Fivancial Name of the Limited d 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 02/22/12 and assigned 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." 20900 NE 30th Aue Suite 825 Enter new principal offices address, if applicable: Aventusia, FL 33180 (Principal office address MUST BE A STREET ADDRESS) " Same a principal " 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:	Juan Carlos 60m	67	
New Registered Office Address:	Zo 900 NE 30th Aue Site 825 Enter Florida street address		
	Avantiva	Florida <u>33(80</u>	
	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.

JUAU (JRIOH GOMAL If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

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Title	Name	Address	Type of Action
NGRH	Felipe Murroz	20900 UE John Rue Sute 825 Weenking, FL 33280	Add
HERY	Quattro Services Inc	CITCO B.V. I Citco Building Wickhams Cay, Po Box 662 Tortola Britch Virgin Follonds	Add Remove
HER	Juan Carlos Gourez	20900 NE 20th Aux Syle 825 Augustury, Ry 33600	Add Remove
			Add Remove
			Add Remove
·····			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			-
			FII
Dated	07/31 Za	Z/	

Page 2 of 2

Signature of a member of authorized representative of a member

Typed or printed name of signee

O

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