

**L12000D29386**

**Florida Department of State**  
**Division of Corporations**  
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To:

Division of Corporations  
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From:

Account Name : CLARA GIRALDO, P.A.  
 Account Number : I19990000017  
 Phone : (305) 485-9300  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**EIGHT PARTS, LLC**

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JUN -7 2012  
 T. HAMPTON

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**EIGHT PARTS 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 MARCH 1<sup>ST</sup>, 2012 and assigned

Florida document number L12000029386

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

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

CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300

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H12 000 1502123.

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

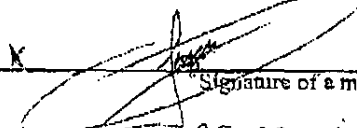
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	LAONCALVES, RENATO	17000 NORTH BAY ROAD	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		11112 NORTH MIAMI BEACH, FL 33160.	
MGR	SILVA, FABIO	17150 NORTH BAY ROAD #2216	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		NORTH MIAMI BEACH, FL 33160	
MGR	SILVA, JOSE	7006 NW 169 ST	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		MIAMI FL 33015.	
			<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.)

DELETE: MGR SILVA, FABIO  
17150 NORTH BAY RD #2216  
NORTH MIAMI BEACH, FL 33160

Dated JUNE 6 2012.

X  Signature of a member or authorized representative of a member

RENATO LAONCALVES  
Typed or printed name of signer