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To:	Division of Corporations Fax Number : (850)617-6383	SECRE IV	12 MAY	ا لد.
	Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696	-8 AM 7: 50 ARY OF STATE ASSEE, FLORIDA	AM 7: 5	ILED
	. address for this business entity to be used for fu rt mailings. Enter only one email address please.**	ture		

Email Address:_

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MDQ REAL	ESTATE LLC	TALL#	ETARY OF STATE MASSEE, FLORIDA
(Name of the Limited Liability Comp	liy as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on	04/03/2012	and assigned
Florida document number L12000045392			
This amendment is submitted to amend the following:			
A. If amending name, onter the new name of the limited list	bility company here	2:	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Compa	sy," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable;		<u></u>	
(Principal office address MUST BE A STREET ADDRESS)			
	······		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amouding the registered agent and/or registered o registered agent and/or the new registered office address he		ur record s , <u>ente</u> i	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:	-		
	Ent	er Florida street a	aaress
	City	, Florida _	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 Resistered Agent

Page 1 of 2

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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
MBRM	ALONSO, NICOLAS	GUIDO 1637 APT 2A (1062) BLIENOS AIRES AR 1062 AR	Add Remove
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D. If amendia	g any other information, enter change(i) here: (Attach additional sheets, if necessary.)	-
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 Dated	MAY 201	2. 10	F 12 MAY SECKE I TALLAND
	Signature of A member of	authorized representative of a member	-8 AM
		O.F. OCAMPO MBRM	
-	Typed or	printed name of signes	7:50 STATE
		Page 2 of 2	7.
	Fill	ag Fee: \$25.00	

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