L12000059729

Florida Department of State
Division of Corporations
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Account Number : I19990000017
Phone : (305)485-9300
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INVERSIONES OFICC 3000, LLC

Certificate of Status	0
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T. Burch JAN 2 8 2014

H14000022023

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INVERSIONES OFICC 3000, INC
(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 05/02/2012 and assigned Florida document number L12000059729

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."

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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 now has a valid registered office.

_____
Signature of New Registered Agent

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

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:

H14 000022023 3.

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR.	CASTRO, SAMUEL	1471 NW 159 AVENUE PEMBROKE PINES, FL. 33028.	☐ Add ☐ Remove
MGR.	RUIZ, GERARDO	1471 NW 159 AVENUE PEMBROKE PINES, FL. 33028.	☐ Add ☐ Remove
MGR	HERNANDEZ, MERCEDES Z	1471 NW 159 AVENUE PEMBROKE PINES, FL. 33028.	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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). If amending any other information, enter change(s) here: *(Attach additional sheets if necessary.)*

ADD: MGR - HERNANDEZ, MERCEDES Z.
1471 NW 159 AVENUE
PEMBROKE PINES, FL 33028.

Dated JANUARY 27, 2014.

Signature of a member or authorized representative of a member

SAMUEL CASTRO.
Typed or printed name of signer