112 0000 60894

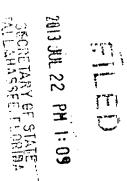
| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (<u></u> | | | | | |
| (Address) | | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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JUL 23 2013 T CLINE

COVER LETTER

| TO: Registration Section Division of Corpo | | | | | |
|--|---|--|----------------|---|----------|
| Division of Corpo | | | | · · | |
| SUBJECT: T&C | | EXPORT UC ed Liability Company | | | |
| | nendment and fee(s) are sub ence concerning this matter EDWA たり | to the following: | | | |
| | | Name of Person | | | |
| | | MPORT AND EXPOR | T UC | | |
| | (.32.) \$(.) | ILLY D. D. | | | |
| | 4351 34 | Address | | | |
| | MiAmi | City/State and Zip Code Manage new + @ gmax o be used for future annual report notification | Com on) | SECRETARY OF STATE FALLAHASSEE, FLARIBA | enter (a |
| For further information con | cerning this matter, please c | all: | | 22 23 23 25 25 25 | |
| PAULA OYAN | re | at (305) 878 - 060 Area Code & Daytime Tel |) } | PH I | |
| Name of P | erson | Area Code & Daytime Tel | epnone Number | 19 S | |
| Enclosed is a check for the | following amount: | | | • | |
| \$25.00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| e of Status & | ed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| T&O\MPO | | EXPORT LLC y as it now appears on our ability Company) | records.) | | |
|---|--|---|---|--|--|
| (A | Florida Limited Li | ability Company) | | | |
| The Articles of Organization for this Limited Li. Florida document number LILOGO 6089 | | were filed on | 1, 2012 and assigned | | |
| Piorida document number | , | | | | |
| This amendment is submitted to amend the follo | owing: | | | | |
| A. If amending name, enter the new name of | the limited liabi | lity company here: | | | |
| ETO Capital Managemer The new name must be distinguishable and end with | + LLC | | | | |
| The new name must be distinguishable and end with "L.L.C." | h the words "Limite | ed Liability Company," the | designation "LLC" or the abbreviation | | |
| | | .3.0 | · As E | | |
| Enter new principal offices address, if applica | | N/V | | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | 22 <u>4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u> | | |
| | | | Ø ₹ 2 | | |
| | | | mo to the | | |
| Enter new mailing address, if applicable: | | N/A | OF S | | |
| • | | | : O. | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| | | | | | |
| B. If amending the registered agent and/or the new registered of | | | ords, <u>enter the name of the new</u> | | |
| Name of New Registered Agent: | NA | | | | |
| New Desistant Office Address | NA | | | | |
| New Registered Office Address: | , - 11 | Enter Flori | ida street address | | |
| | | , Florida | | | |
| | | City | Zip Code | | |
| New Registered Agent's Signature, if changing F | Registered Agent: | | | | |
| I hereby accept the appointment as registered the provisions of all statutes relative to the pa accept the obligations of my position as registed being filed to merely reflect a change in the re company has been notified in writing of this | roper and compl stered agent as p registered office change. | ete performance of my d rovided for in Chapter 6 address, I hereby confiri N\R | luties, and I am familiar with and 108, F.S. Or, if this document is m that the limited liability | | |
| | If Chan | ging Registered Agent, Signa | ture of New Registered Agent | | |

(ED) 2/13

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

MGR = Manager
MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action A/N Add Remove N/A Remove N/A Add NA 9 Add Remove Add Remove Remove

| D. If aı | nending any other information, enter change(s) here: (Attach additional sheets, if n | ecessary.) |
|----------|--|-------------|
| | NA | |
| | | |
| | | , |
| | | |
| | | |
| Dated | 07/14/13 1. 60. | |
| - | Malin | |
| | Signature of a member or authorized representative of a member | |
| | EDWARD OYANCE | 07/17/13 |
| | Typed of printed name of signee/ | |

Page 3 of 3

Filing Fee: \$25.00