#L12000098961

(Reque	stor's Name)				
(Addres	s)	<u> </u>			
(Addres	s)	***************************************			
(City/St	ate/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
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K.SALY EXAMINER SEP 18 2012

COVER LETTER

Division of Corpora	ations			
SUBJECT:	TS CONTRACTOR LLC			
	Name of Limited Liability Company			
	L120000 98961.			
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.			
Please return all corresponder	ence concerning this matter to the following:			
	Juan Vilar Name of Person			
	Name of Person			
_	TS Cormacror LLC			
	Firm/Company			
_	8000 NW 56 STIEET Address			
	Address			
_	DOCAL _ FL 33166 City/State and Zip Code			
	City/State and Zip Code			
E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be used for future annual report notification)			
For further information conce	erning this matter, please call:			
Alil HAUL	at (305) 4771895 Area Code & Daytime Telephone Number			
Name of Pers	rson Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:				
\$25.00 Filing Fee	(additional copy is enclosed) Certified C	of Status &		

MAILING ADDRESS:

TO:

Registration Section

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**

4.0	FILED!
12 SEP	17 PM 12: 23
TALLAH!	ARY OF STATE SSEE, FLORIDA
<u>rds.</u>)	SSEE, FLORIDA

TS cor	TRACTOR	LC.	TALLAHASSEE, FLORIDA		
(<u>Name of the Limited L</u> (A F	iability Company as it no lorida Limited Liability Co	w appears on our re ompany)	ecords.)		
The Articles of Organization for this Limited Liab		_{d on} _ ას- <u>ሢ</u> :	30, 2012 and assigned		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited liability comp	oany here:			
The new name must be distinguishable and end with 'L.L.C.'	the words "Limited Liabili	ty Company," the des	signation "LLC" or the abbreviation		
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET		1/ A			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>N</u>	(A			
B. If amending the registered agent and/or registered agent and/or the new registered office		ess on our record	is, enter the name of the new		
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A	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

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** Type of Action Name 1 **Address** HGR Gustavo Bocaranda Enrique icivas MGR 20 2L □ emove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) According to agreements, TS contractor LLC shares be distribuited in the following manner: STRUCTOR COPP FEI/EIN # 651025310 7 45% TENIAL INTERNATIONAL LLC. FEI EW 260 777567-145% ENRIQUE RIVAS - DL # 2120-201-77-181-0 - 10%. Dated September 12 Signature of a member or authorized representative of a member Vilar. JUAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00