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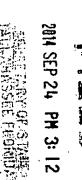
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OCT 01 2014

COVER LETTER

TO:	Registration Section Division of Corporations	

SUBJECT: VELAE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGEL D. CORDOVA

Name of Person

ANGEL D. CORDOVA & CO

Firm/Company

780 N.W. 42 AVENUE #325

Address

MIAMI, FL 33126

City/State and Zip Code

AR@ACORDOVA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGEL D. CORDOVA

...305、444-5511

Name of Person

Area Code

Daytime Telephone Number

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)
- □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

VELAE, LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our orida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on AUGUS	ST 6, 2012 and assigned
this amendment is submitted to amend the following	3:	
. If amending name, enter the new name of the	limited liability company here:	
N/A		
he new name must be distinguishable and end with the words	"Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	File 2
Principal office address MUST BE A STREET AD	ODRESS)	S
		P P
nter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)	
	-	N N
S. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida stree	st addraga
	viner i torida siree	t unuress
		, 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of Action
AMBR	LUIS E. SANDOVAL	AVE 3 QUINTA COQUITO ■ Add
		URBANIZACION PRADO ALTO
		CARACAS, VENEZUELA 1080
AMBR	JOSE R. SANDOVAL	AVE 3 QUINTA COQUITO
		URBANIZACION PRADO ALTO
		CARACAS, VENEZUELA 1080
		□ Add
		Remove
		
		Remove
		28H SEP.
		□ Remov
		
		Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A
•	
	· · · · · · · · · · · · · · · · · · ·
the	ective date, if other than the date of filing:
Dat	ed AUGUST 19 2014
	(an wood)
	Signature of a member or authorized representative of a member
	RAQUEL ELVIRA SANDOVAL
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

