

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FOX ROTHSCCHILD LLP
Account Number : I20130000024
Phone : (215)299-2162
Fax Number : (215)299-2150

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: vlagana@foxrothschild.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TERMINUS GLOBAL LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TERMINUS GLOBAL LLC

(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 12/12/2012 and assigned
Florida document number L12000154884

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5042 Wilshire Blvd #15094

Los Angeles, CA 90036

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5042 Wilshire Blvd #15094

Los Angeles, CA 90036

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 has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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

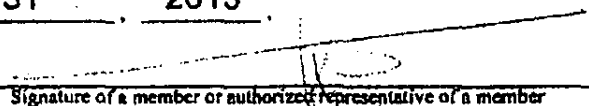
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--------------------------|--|
| MGRM | CLAUDIO MOLLO | C/O 283 CATALONIA AVENUE | <input type="checkbox"/> Add |
| | | SUITE 100 | <input checked="" type="checkbox"/> Remove |
| | | CORAL GABLES, FL 33134 | |
| MGRM | CLARICE C. FLOSS | C/O 283 CATALONIA AVENUE | <input checked="" type="checkbox"/> Add |
| | | SUITE 100 | <input type="checkbox"/> Remove |
| | | CORAL GABLES, FL 33134 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |

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

Dated OCTOBER 31, 2013


Signature of a member or authorized representative of a member

CLAIRE MOLLI
Typed or printed name of signee

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