

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)694-1639

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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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.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIGALTA INVESTMENTS LLC

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Page Count	02
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14 May / PM 4:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

FIGALTA INVESTMENTS 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 12/28/2012 and assigned Florida document number L12000160468.

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 "LLC."

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

City, Florida 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

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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

Title	Name	Address	Type of Action
MGRM	JUAN CARLOS GRILLO	1301 St Tropez Circle	☒ Add
		SUITE 2107	☐ Remove
		WESTON, FL 33326	
MGRM	AQUILES R. TORREALBA	1301 St Tropez Circle	☒ Add
		SUITE 2107	☐ Remove
		WESTON, FL 33326	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

K. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.)

Dated For LET. 2014

(Signature of authorized representative of a member)
Jean-Paul Fina 116
(Typed or printed name of signer)

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TALLAHASSEE, FLORIDA

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