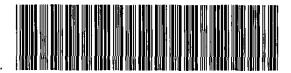
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| (R | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| (Document Number) | | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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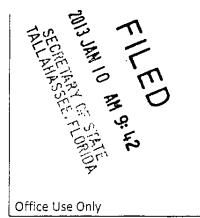
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SECRETARY OF STATE

JAN 1 1 2013 J. BRYAN



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com



CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

| 1. 10pg | aroop ar | | L12000100032 | |
|-------------------------------------|------------------|-----------------------------|------------------------------|--|
| (CORPORAT | (CORPORATE NAME) | | (DOCUMENT#) | |
| 2. (CORPORAT | E NAME) | (DC | DCUMENT #) | |
| 3 (CORPORAT | E NAME) | (DC | DCUMENT #) | |
| ☐ Wa!k-In | Pick up time: | Certified Copy | ☐ Certificate Of Status | |
| New Fillings | | endments (\$2.50) Iments | Other Filings: Annual Report | |
| | 1 | | | |
| Non-Profit | Resign | | Fictitious Name | |
| Non-Profit Limited Liability Other: | | ution/Withdrawal | Fictitious Name Apostille: | |

Examiners Initials

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



TEPA GROUP 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 <u>12/27/12</u> | and assigned |
|--|---|-------------------------|
| Florida document number L12000160852 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | ted Liability Company," the designation "Ll | LC" or the abbreviation |
| 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 off registered agent and/or the new registered office address here | | ne name of the new |
| 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

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 Name Address 51 Poniente #505-118 MGR Alejandro M. Torres Asomoza Residencial Boulevares Puebla, Puebla MX 72440 C/Duque de la Victoria 8 Gerardo Arquero MGR 1ro. izquierda 29015, Malaga Fernando Puche Dona Palacio de Congresos y Convenciones MGR C/Mexico, 3-3 planta Remove 29620 Torremolinos, Malaga Espana

| Ð. 1 | f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|------|--|
| | |
| | E. S. |
| | |
| Date | M. & Posada |
| | Signature of a member or authorized representative of a member Autrorized Repat Member - M.L. Posada Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00