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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number

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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:

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Electronic Filing Menu

Corporate Filing Monu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Name of the Limited Linbility Comp | ISCS L | S on our records | | |
|--|-----------------------|---|----------|-----------------------------|
| (A Florida Limited | Liability Company) | 3 VII ALLINA | | |
| The Articles of Organization for this Limited Liability Company | | ptembor 17,2 | Such ass | igned |
| Florida document number 1 130000 3726 | · / | • | | |
| • | | | | |
| This amendment is submitted to smend the following: | | • | | |
| A. If amending name, enter the new name of the limited lia | hility company her | Te: | | |
| THE MENT OF THE PARTY OF THE PROPERTY OF | PALLY COMPANY HEL | <u>~</u> | | |
| The new name must be distinguishable and end with the words "Lim | nited Liability Compa | ny" the designation "LLC" | or the | bhrevisti |
| "LLC." | | | , | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 15 (E) | ii. | 11.15 |
| | | 7 | 77 | 1 5 |
| | | S. T. | | National Section |
| Enter new mailing address, if applicable: | | (1/1 | | -37 - 1911/98 <u>#</u> _ |
| (Muiling address MAY BE A POST OFFICE BOX) | | - 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13 | | र एकस्कार मुक्का |
| | | a s | (3) | 12 12 12 15 |
| | | (C)ru | rs | |
| B. If amending the registered agent and/or registered of | | our records, enter the | name (| of the ne |
| registered agent and/or the new registered office address he | <u>re</u> : | | | |
| NY | | • | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | 77 17 4 4 77 | | |
| | En | ter Florida street address | | : |
| | | , Florida | | |
| | City | 2 | ip Code | 5 |

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

Page 1 of 3

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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 = Mana MGRM = Mai | ger naging Member | | |
|--------------------------|----------------------|--|--|
| Tide | Name | Address | Type of Action |
| MGRM | Ruben A. Conzale | z Tromoso # 16 Tome | Add |
| | | La Marg. VI Apt 9 | Remove |
| | | Paraiso, 50 10002 | <u>್</u> ದ |
| MGRU | Corlemo Antenio | Troncoso#16 Torre | Add |
| | Florencio | La Marg. V. Apta | Remove |
| | | Paraiso, SD 10802 & | 20 |
| | | | Add |
| | | | Remove |
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| . If amending | any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ned Seak | ember 17, 2013. |
| | , |
| | |
| | Signature of a member or subborneed representative of a member |
| _ | Kosa Afilda Salinas |
| | Typed or printed name of signee |
| | Page 3 of 3 |
| | THE . T |