Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000070737 3)))



H130000707373ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TAX, ACCOUNTING AND FINANCIAL EXPERTS

Account Number : I20120000058

Phone

: (305)438-7671

Fax Number

: (866)895-8710

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

Email Address: EPUKA 76 @ MOL. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LDB SOUTH AMERICA LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

MAR 29 2013

Q

 \sim

T CLINE

03/28/13 12:35PM EDT Right Way Multiservices Corp \rightarrow 6383 Pg 3/4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·	2013 NAR 28 開 年 21	A COMMENT

850617

LE	OB SOUTH A	MERICA LL	C	
(Name of the Limite	d Liability Comps A Florida Limited	inv as it now appea Clability Company)	rs on our records.)	
The Articles of Organization for this Limited I Florida document numberL1300004		were filed on	03/22/2013	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company he	<u>re</u> :	
	N/A			
The new name must be distinguishable and end w. "L.L.C."	rith the words "Lim	ited Liability Comp	eny," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	<u> </u>			
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter (</u>	the name of the nev
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	<u></u>		
		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	<u>Name</u>	Address	Type of Action
MGR	HAYDEE B FERNANI	DEZ 4700 SHERIDAN ST STE J	
		HOLLYWOOD, EL 33021	Remove
			28 28 28
			Titles (my
	 _		Add
			Remove 5
			70m 2
	, <u> </u>		Add
			Remove
			—
			Add Remove
			Add
•			Remove
			_
			Add
			Remove
D. If amen	ding any other information, o	nter change(s) here: (Attach additional sheets, if neces	sary.)
_			
_			
<u></u>			
Dated	MARCH 27	_, <u>2013</u> .	·· ·
	Hect	or Genisio	
	Signature	f a member or authorized representative of a member	
		HECTOR GENISIO	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00