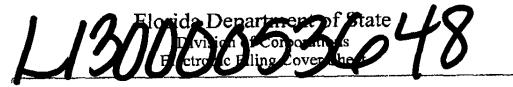
Division of Corporations

Page 1 of 2



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.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : RICHARDS & ASSOCIATES,

Account Number : I20110000091

Fax Number

Phone : (305)858-9900 : (305)285-0015

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VOCES DE BILLO HOY LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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COVER LETTER

| TO: | Registration Sec Division of Corp | | | | | |
|--------|--------------------------------------|--|--|--|------------------|--------------------------------|
| | | VOCES I | DE BILLO HOY LLC | | | |
| SUBJ | ECT: | Name of Limi | ited Liability Company | | | |
| | | Amendment and fee(s) are sub- | · | | | |
| | | ELENA DIAZ | | | | |
| | | | Name of Person | | | |
| | | RICHARDS & SANCHEZ | ZP.A. | | | |
| | | | Firm/Company | 220 | Ž | |
| | | 2665 SOUTH BAYSHOR | E DRIVE, SUITE 703 | | ŽŪTĠ S | : === |
| | | | Address | 755 | SEP | क्ष्मान्त्रहा कंष्मान्त्रहा |
| | | MIAMI, FLORIDA, 3313 | 3 | insk mrk m. | ص ص | 1 |
| | | ediaz@richards-law.com | City/State and Zip Code | T) (** | . G . S | Fire w |
| | | | to be used for future annual report notification) | <u> </u> | 12: 36 | |
| For fi | uther information c | oncerning this matter, please co | all: | حنثل | O | |
| | ELENA | DIAZ | 305 8589900 | | | |
| | Name o | f Person | at () | one Number | | |
| Coole | and ion about for th | ne following amount: | | | | |
| | 25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | 2 \$60.00 Fili Certificate Certified (additional c | of State Copy | |
| | MAIL. | ING ADDRESS: | STREET/COURIER AD | DRESS: | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallabassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | VOCES DE BILLO HOY LLC | _ | | |
|---|---|--|---|--|
| (Name of the Limi | ted Liability Company as It now appear (A Florida Limited Liability Company) | on our records.) | | |
| The Articles of Organization for this Limited L | • • | 04/11/2013 | and assigned | |
| Florida document numberL130000536 | 18 | | | |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name o | of the limited liability company he | ere: | | |
| | | | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the d | , | | |
| Enter new principal offices address, if appli- | cable: | 77 Cr | 3 | |
| Principal office address MUST BE A STREI | ET ADDRESS) | | 0 11 | |
| | | | -O Manua | |
| | | ري سند | - 1 1 1 1 1 1 1 1. | |
| Enter new mailing address, if applicable: | | | T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Mailing address MAY BE A POST OFFICE BOX) | | | No. | |
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| | | The state of the s | o | |
| B. If amending the registered agent and registered agent and/or the new registered of | ffice address here: | , | the name of the | |
| Name of New Registered Agent: | WORLD CORPORATE SERVICE | LES INC | | |
| New Registered Office Address: | 2665 SOUTH BAYSHORE DRI | | | |
| | Enter Flor | | | |
| | MIAMI | , Florida _ ³ : | 3133 | |
| | Clty | | 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.

Changing Registered Agent, Signature of New Registored Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| <u>Title</u> | Name | Address | Type of Action |
|---------------------------------------|------|---------|----------------|
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