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TO THE OP CORPORATIONS

UL 3 0 2013 T. HAMPTON

COVER LETTER

TO: Registration Secti Division of Corpo		ş.	
SUBJECT: <u>GUTi t</u>	ERREZ COVSV Name of Limited	CTING PARTNERSH d Liability Company	ips ILC
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	MARCELA	OUT ERREZ Name of Person	
		COUSULTING PARTA Firm/Company 50UCI BLVD. A	EKSHIPS LL C
	2150 SANS	5000 BLVD. A	pt. A910
	NORTH MIA	MI FL 33-181 City/State and Zip Code	
	HAROELAMES (16	10 YAHOO - COY be used for future annual report notification	on)
For further information con-	cerning this matter, please cal	l:	
HAPPELA GUTI	CRET Z erson	at (010) 570 - 600 Area Code & Daytime Tel	
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Florida document number	ity Company were filed on MAY 7, 2013	and assigned SECING
This amendment is submitted to amend the following. A. If amending name, enter the new name of the	,	FILED TARY OF STOF CORPORA
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)	DDRESS) Apt. A910	05-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	21505AUS GOVEI Apt A 910 NORTH MIAMI, F1 33	B118.
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, <u>enter the</u> <u>address here</u> :	name of the new
Name of New Registered Agent: New Registered Office Address:	160 SANS SOVEL BLVD., April Enter Florida street addres DDT4 HiAMi, Florida 3	L. A910 s
	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 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			
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Addition of the second of the
			PH Remove
			PH 2: 06
			_ Add
			Remove
			_
			Add
			Remove
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			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
Dated	7-29 , 2013 .
	Meguter 1
	Signature of a member of authorized representative of a member
	MARRELA GUTIERREZ
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00