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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Sec Division of Corp			·
SUBJECT:	ESTYADA I	nvestments, ccc	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Clac	ie la ESTVADA	
		Name of Person	
		Firm/Company	
	913 NI	W 22 Place	
		Address	
	MAM	W 22 PIACE Address A 33125	
		City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notification	on)
For further information co	ncerning this matter, please ca	all:	
GlACIE LA	ESTYADA	at 305, 642-73	87
Name of	Person	Area Code & Daytime Te	
Enclosed is a check for the	e following amount:		
	_	Descon Films For &	F1640 00 Filing Foo
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 (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TRADA INVESTMENTS, LLC	
(Name of the Limited Li	ability Company as it now appears on our orida Limited Liability Company)	r records.)
(A FI		
The Articles of Organization for this Limited Liab	mity company were med on	5/20/3 and assigned
Florida document number <u>L13 000 07 15</u>	- 19	_ 무
Tiorida document number 100 110	<u> </u>	13
		HAY
This amendment is submitted to amend the follow	ring:	Y Z
		0 F8
A. If amending name, enter the new name of the	ne limited liability company here:	
,		PH RPG
		? ? ? ·
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the	designation "LLC" or the abtreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or		ords, enter the name of the nev
registered agent and/or the new registered offic	e address here:	
Name of New Registered Agent:		
Name of New Registered Agent.		*** *
New Registered Office Address:		
110 W Rogistesed Office Paddess.	Enter Flor	ida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Graciela Estrana	913 NW 22 PL	Add
		M.Ami R 33125	Remove
	-		Add
			Remove
		general transfer of the second	— <u> </u>
			OIVIS RAIL
			FILED SIATE OF CHREOF STATIONS OF CHREOT STATIONS OF S
			FILED STATE AREOF STATE CERPORATIONS & AREOF STATE AND A STATE AND
<u>.</u>			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	May 17, 2013.
	Signature of a member or authorized representative of a member
	GLACIELA ESTVADA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STAIL OHS DIVISION OF CORFORATIONS