

16 Jan 15 16:01

Division of Corporations

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# L13000110371

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H15000012595 3)))



H150000125953ABC

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PRIME KEYS SOLUTIONS, LLC  
Account Number : I20140000094  
Phone : (305) 856-6121  
Fax Number : (305) 856-6122

FILED  
15 JAN 16 PM 2:45  
STATE OF FLORIDA  
TALLAHASSEE

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

Email Address: csantini@bellsouth.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EXPOCREDIT LATAM LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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15 JAN 16 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**EXPOCREDIT LATAM LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
15 JAN 16 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/01/2014 and assigned  
Florida document number L13000110371

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BARADUR CORPORATION	EDIFICIO MOSSFON	<input type="checkbox"/> Add
		SEGUNDO PISO, CALLE 54 ES	<input checked="" type="checkbox"/> Remove
		PANAMA CITY, PANAMA	
MGR	PEDRO CORNEJO	1541 BRICKELL AVE	<input checked="" type="checkbox"/> Add
		STE 1806	<input type="checkbox"/> Remove
		MIAMI, FL 33129	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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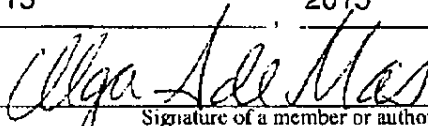
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated JANUARY 15, 2015



Signature of a member or authorized representative of a member

OLGA SANTINI

Typed or printed name of signee