

L130002060483

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LISETTE PIE SALAZAR PA
Account Number : I20120000076
Phone : (305) 361-6161
Fax Number : (305) 361-6169

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FONDO DE INVERSIONES INMOBILIARIA SOUTH
AMERICA LLC**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 17 2013

D. BRUCE

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

FONDO DE INVERSIONES INMOBILIARIA SOUTH AMERICA LLC

~~(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 Company were filed on 09/04/2013 and assigned
Florida document number L13000124870

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)

355 HARBOR COURT

KEY BISCAVNE, FL 33149

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

355 HARBOR COURT

KEY BISCAVNE, FL 33149

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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

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

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Fax:

Sep 16 2013 02:57pm P003

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	INGRID MENDOZA	117 NE 1 AVENUE, STE 1301	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
MGRM	INGRID MENDOZA	355 HARBOR COURT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated SEPTEMBER 16, 2013


Signature of a member or authorized representative of a member

LISETTE SALAZAR

Typed or printed name of signee

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