

L13000133538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

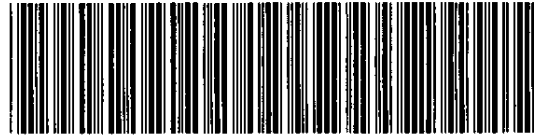
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J. SAUNDERS
EXAMINER

NOV 4 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 868580 7957017

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 25.00

ORDER DATE : November 1, 2013

ORDER TIME : 2:46 PM

ORDER NO. : 868580-006

CUSTOMER NO: 7957017

DOMESTIC AMENDMENT FILING

NAME: BALTICO LLC

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

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FILED
STATE OF MARYLAND
CLERK OF THE COURT

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BALTICO 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 09/20/2013 and assigned
Florida document number L13000133538.

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby certify 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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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	Comercial Laponia Ltda.	Avenida Nueva Providencia #188 Office 1011	<input type="checkbox"/> Add
		Comuna Providencia Santiago, XX 00000 CL	<input checked="" type="checkbox"/> Remove
MGRM	Comercial Laponia Ltda.	Los Espanoles 2504	<input type="checkbox"/> Add
		Comuna Providencia 7520204 S, XX 00000	<input checked="" type="checkbox"/> Remove
MGR	Felipe Noguera	Los Espanoles 2504	<input type="checkbox"/> Add
		Comuna Providencia 7520204 S, XX 00000 OC	<input checked="" type="checkbox"/> Remove
MGR	Felipe Noguera	Los Espanoles 2504	<input checked="" type="checkbox"/> Add
		Providencia 7520204	<input type="checkbox"/> Remove
		Santiago, Chile	
MGRM	Comercial Laponia Ltda.	Los Espanoles 2504	<input checked="" type="checkbox"/> Add
		Providencia 7520204	<input type="checkbox"/> Remove
		Santiago, Chile	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 STATE
 DEPARTMENT OF REVENUE

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

Dated _____

Signature of a member or authorized representative of a member

Felipe Noguera

Typed or printed name of signer

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of Virginia