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TALLAHASSEE, FIRME

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Luis E. Diaz & Associates, P.A. Attorney and Counselors at Law

1529 S.W. 1st Street Miami, Florida 33135

Telephone: (305) 642-0078 Facsimile: (305) 646-2452

November 13, 2013

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Articles of Amendment to Articles of Organization of Sesan Investments USA, LLC

Dear Sir or Madam:

Enclosed please find an original and 1 copy of the Articles of Amendment to the Articles of Organization for Sesan Investments USA, LLC.

Enclosed herewith is a check for \$25.00 payable to the Florida Department of State for the amendment. Please file same and submit to us a stamped copy in the attached pre-stamped, self-addressed envelope.

If you have any questions, please do not hesitate to call me at (305) 642-0078.

Sincerely,

Luis E. Diaz, Edq.

Enclosures

COVER LETTER

| - | | | |
|-----------------------------|--|-------------------------|--|
| SUBJECT: SE | SAN INVEST | MENTS USA, LL | · <u>C</u> |
| | Name of Limit | ted Liability Company | |
| | | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | | , | |
| | | VIS E. DIAZ, ES | Sec. |
| | | Name of Person | |
| | LUIS E. DIO | 42 & ASSOCIATES | P.A. |
| | | Firm/Company | ed for filing. e following: SEDIAZ, ESW. Name of Person LASSOCIATES P.A. Firm/Company ST STREET Address CLORIDA 33135 y/State and Zip Code AW PAOL. COM Issed for future annual report notification) at (305) 642-0901 Area Code & Daytime Telephone Number |
| | 1529 <.u | 1. IST STREET | |
| | | Address | · |
| | MIAMI | FLORIDA 3313 | \$ |
| | | City/State and Zip Code | |
| | LUIS EDIAZ | LAW @ AOL. COM | ion) |
| For further information as | | | ion |
| Por further information co. | ncerning and matter, prease ca | | |
| LUIS E. | DIAZ, ESQ. | at (305) 642 - 09 | 901 |
| Name of | Person | Area Code & Daytime Te | elephone Number |
| Enclosed is a check for the | Division of Corporations Division of Corporations DIECT: SESAN INVESTMENTS USA LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: LUIS E. DIAZ, ESQ. Name of Person LUIS E. DIAZ & ASSOCIATES P.A. Firm/Company IS 29 S.W. IST STREET Address MIAMI FLORIDA 33 (355 City/State and Zip Code LUIS E. DIAZ LAW Q. ACL. COM E-mail address: (to be used for future annual report notification) turther information concerning this matter, please call: LUIS E. DIAZ, ESQ. Name of Person at (305) 642 - 0901 Area Code & Daytime Telephone Number Dised is a check for the following amount: 25.00 Filing Fee Certificate of Status & Certificate Opy (additional copy is enclosed) | | |
| \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

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

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|-------------------|----------------|--------|--------|
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| TALLAHA records.) | iaky Ssc20 | PM.4: | و/ |
| records.) | -0 <u>EE</u> , | FLORIC | E A |

| SESAW | NUESTMENTS USA LUC | MASSES STATE (Name of the Limited Liability Company as it now appears on our records.) | Florida Limited Liability Company as it now appears on our records. | A Florida Limited Liability Company were filed on | 10 (22 /2013) | and assigned Florida document number | L 13000 | 4899 | S |

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 "LLC."

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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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 Type of Action Title ' Name **Address** J05E MANUEL 4406 N.E 6 AVENUE Add MANAGER SEQUEIRA SANTAELLA OAKLAND PARK, FLA. 33334 4406 N.E. 6 74 AVENUE CRISTINA SEQUEIRA. DAKLAND PARK, FLA. 33334 X Add SANTAELLA MANAGER Remove Remove Remove Remove Remove

|). If am | ending any other info | rmation, ente | r change(s) here: | (Attach additional sheets, if nece | ssary.) |
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| | · / | 19119 | P. dong | . | |
| | | Signature of a | member or authoriz | zed representative of a member | |
| | Ø | MARIA | I. Long | O | .= |
| | | | Typed or printed r | name of signee | |
| | | | Page 3 | of 3 | |

Filing Fee: \$25.00