3/5/2014



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MAR 0 6 2011 D. BRUCE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>3D'S FUTURE INVEST</u>					
(Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appears on our recor Lability Company)	<u>(dr.)</u>		
The Articles of Organization for this Limited Li. Florida document number L14000027611	ability Company	were filed on 02/18/2014	1	and assigne	đ
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	lity company here:			
The new name must be distinguishable and end with the	vords "Limited Liab	ility Company." the designation "LI	LC" or the abore	viation "L.L.C	122
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	TADDRESS)			<u> </u>	22
					<u>工</u> 。
Enter new mailing address, if applicable:		P.O. BOX 28411		#35.72 17.82	2-5
(Mailing address MAY BE A POST OFFICE)	BOX) .	HIALEAH, FL 3300	2	<u> </u>	<u> </u>
				- C - C - C - C - C - C - C - C - C - C	AH 104 50
B. If amending the registered agent and/or the new registered of			ls, enter the	name of t	\sim
Name of New Registered Agent:	SANTIAG	O ORDAZ			
New Registered Office Address:	9595 FON	5 FONTAINEBLEAU BLVD NO. 1405 Enter Florida street address			
	MIAMI		larida 3317	orida 33172 Zip Code	
		City	2	Ip Code	
New Registered Agent's Signature, if changing R	legistered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registeing filed to merely reflect a change in the recompany has been notified in writing of this control of the company has been notified in writing the company has been notified in writing of the company has been notified in writing the company has been notified in writi	er and complete stered agent as p egistered office change.	performance of my duties, a provided for in Chapter 605, address, I hereby confirm th ging Registered Agent, Signature	ind I am fami F.S. Or, if th hat the limited	liar with ar uis documer d liability	ıd

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 = M $AMBR = A$	lanager Luthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RAUDEL RIVERA	9595 FONTAINEBLEAU BLVD	D Add
		NO. 1405	■ Remove
		MIAMI, FL 33172	
AMBR	SANTIAGO ORDAZ	9595 FONTAINEBLEAU BLVD	■ Add
_		NO. 1405	Remove
		MIAMI, FL 33172	
			Remove
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If amending any other information, enter ch	ange(s) here: (A	Attach additional sheets,	if necessary.)
	<u></u>		
Effective date, if other than the date of filing. The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department		ate and cannot be more than	_ (optional) 90 days after
Dated MARCH 5	2014		
(x) when	1		
RAUDEL RIVERA	nember or authorized	representative of a member	•

Page 3 of 3

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