

02/28/2032 06:32

01/004

L140000915293

Florida Department of State
Division of Corporations
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H14000091529

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

ERUMAT 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 04/16/14 and assigned
Florida document number L14000062088

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:

MATIAS REY

New Registered Office Address:

5630 NW 107 AVE UNIT 1101

Enter Florida street address

DORAL

Florida 33178

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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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02/26/2032 06:33

Apr 16, 2014 4:04PM Lianio

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NO. 1020 F. 2

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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	STELLA REY	P.O. BOX 526247	<input type="checkbox"/> Add
		MIAMI, FL 33152	<input checked="" type="checkbox"/> Remove
MGR	STELLA M. PARRA	P.O. BOX 526247	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33152	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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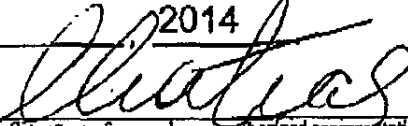
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No. 1650 P. 4

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

E. Effective date, if other than the date of filing: 04/16/14 (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 APRIL 162014

Signature of a member or authorized representative of a member

MATIAS REI

Typed or printed name of signee

Page 3 of 3

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TALLAHASSEE, FLORIDA

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