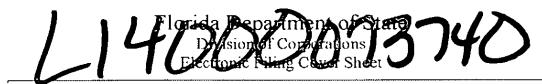
To: 18506176381 From: 14694451465 Date: 11/19/18 Time: 10:01 AM Page: 01/04

11/19/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000331608 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I2018000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSORA LA VICTORIA LLC

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Page Count	03
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To: 18506176381 From: 14694451465 Date: 11/19/18 Time: 10:01 AM Page: 02/04

(((H180003316083)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Clability Compa (A Florida Limited	my as it now appears on Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000073740</u>	were filed on 11/19/2	018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or the abbre	vistion "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 o	ffice address on our		
registered agent and/or the new registered office address her	<u>'e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si		
	<del></del>	, Florida	w 7: 1
N. Davidson & Charles of Charles	•		Zīp Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my e	duties, and I am fam	iliar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

To: 18506176381 From: 14694451465 Date: 11/19/18 Time: 10:01 AM Page: 03/04

(((H18000331608 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	Name	Address	Type of Action
MGR	ALBERTO R. CHEDIAK		
		8200 NW 41ST STREET STE 200 DORAL, FL 33166	■ Remove
			Change
MGR	RAFAEL E. CHEDIAK		
		8200 NW 41ST STREET STE 200 DORAL, FL 33166	■ Remove
			Change
MGR	JORGE L. CHEDIAK		
		8200 NW 41ST STREET STE 200 DORAL, FL 33166	■ Remove
			☐ Change
MGR	JOSEPH CHEDIAK		[] Add
		8200 NW 41ST STREET STE 200 DORAL, FL 33166	■ Remove
			Change
MGR	NAHYR SANTANA DE CHEDIAK		
		8200 NW 41ST STREET STE 200 DORAL, FL 33166	■ Remove
			Change
AMBR	JOSÉ A. Chediak.		□ Add
		8200 NW 41ST STREET STE 200 DORAL, FL 33166	■ Remove
			☐ Change

amene	ing any orne	THINGING CO	on, enter change(s	·, 4		•		
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Note:	If the date inse	rrea in this bi	date of filing: t be specific and canno ock does not meet the epartment of State's	ic uppricacio	te of filing or m statutory filin	ore than 90 day g requirement	s after filing.) Possible s, this date wi	arsuant to 605,0207 (; Il not be listed as th
the red ) The	ord specifie 90th day a	es a delayed Iter the rec	i effective date, ord is filed.	but not a	effective t	ime, at 12	:01 a.m. or	the earlier of:
Dated	NOVEMBER	. 19	() <sup>20</sup>	18				
Dated								
			Signature of it mount	e or authorize	d representative	of a member		