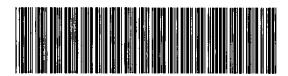
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COVER LETTER

	egistration section is corporated to the corporate in the			
CUD IFC	<u>-</u>	ONES OKAR, LLC		
SUBJECT		Name of Limi	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		John Ainsworth, Esq	ļ.	
			Name of Person	
Perez-Roura Ainsworth PLLC				
		- "	Firm/Company	
		1111 Brickell Ave., 1	1th Floor	
			Address	
		Miami, FL 33131		
		info@pra-law.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	cation)
For further	r information co	oncerning this matter, please ca	all:	
John Ai	nsworth		305 600-3816 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED 2015 MAR -2 PM 12: 32

CALULATANS OF STATE TALLAMASSES, FLORESA

INVERSIONES OKAR, 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	0/2015 and assigned
Florida document number		
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 end with the words "Limited Liab	vility Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8283 NW 64 St	reet
(Principal office address MUST BE A STREET ADDRESS)	Unit 7	 -
Timelpin office dudiess MOST DD TISTRED (TIDD NESS)	Miami, FL 3316	66
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8283 NW 64 St	reet
	Unit 7	
	Miami, FL 3316	66
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		r records, enter the name of the no
N. P LOCT. All		
New Registered Office Address:	Enter Florida s	treet address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agr	ee to act in this cape	acity. I further agree to comply with t

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records	s, 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>	Type of Action
MGR	ALMEIDA, Alexander Jose	8283 NW 64 Street	■ Add
····		Unit 7	□ Remove
		Miami, FL 33166	
MGR	URBINA RANGEL, Oscar	8283 NW 64 Street	= Add
		Unit 7	□ Remove
		Miami, FL 33166	
MGR	URBINA RANGEL, Oscar	1111 BRICKELL AVE SUITE 1100	
		Miami, FL 33131	■ Remove
			Add
			☐ Remove
			Add
			□ Remove
			Add
			□ Remove

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	other than the date of filing:)
e date this documer	nt is filed by the Florida Department of State) February 17 2015)
e date this documer)
e date this documer	February 17 2015)
e date this documer	February 17 2015 Signature of a member or authorized representative of a member)
e date this documer	February 17 2015)

Page 3 of 3

Filing Fee: \$25.00

