

**L15000030973**

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Florida Department of State  
Division of Corporations  
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15 APR 28 AM 10:00

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

Email Address: beatriz.alonso-garcia@caj.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VIA SUR INVESTMENTS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2015 APR 28 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VIA SUR INVESTMENTS 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 02/18/2015 and assigned  
Florida document number L15000030972.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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.*

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>                      |
|--------------|-------------------------------|-------------------------------------|--|
| MGRM         | Alexsandra Nascimento         | 18851 NE 29TH AVE STE 723           | <input type="checkbox"/> Add               |
|              |                               | AVENTURA, FL 33180                  | <input checked="" type="checkbox"/> Remove |
| MGRM         | Alexsandra Nascimento Giganti | Name: Alexsandra Nascimento Giganti | <input checked="" type="checkbox"/> Add    |
|              |                               | 18851 NE 29TH AVE STE 723           | <input type="checkbox"/> Remove            |
|              |                               | AVENTURA, FL 33180                  |  |
|              |                               |                                     | <input type="checkbox"/> Add               |
|              |                               |                                     | <input type="checkbox"/> Remove            |
|              |                               |                                     |  |
|              |                               |                                     | <input type="checkbox"/> Add               |
|              |                               |                                     | <input type="checkbox"/> Remove            |
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|              |                               |                                     | <input type="checkbox"/> Add               |
|              |                               |                                     | <input type="checkbox"/> Remove            |
|              |                               |                                     |  |
|              |                               |                                     | <input type="checkbox"/> Add               |
|              |                               |                                     | <input type="checkbox"/> Remove            |
|              |                               |                                     |  |

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

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 23

2015



Signature of a member or authorized representative of a member

Alexsandra Nascimento Giganti

Typed or printed name of signer

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