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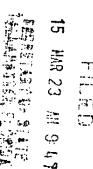
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M. MILLIGAN EXAMINER

APR 14 2015

COVER LETTER

TO: Registration Se Division of Cor	ction porations		;	
SUBJECT: TCPIP, L	LC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ANDRES E. BAZO			
		Name of Person		
	RASCO KLOCK PE	REZ NIETO		
		Firm/Company		
	2555 PONCE DE LE	EON BLVD SUITE 600		
	**************************************	Address		
	CORAL GABLES FI	_ 33134		
		City/State and Zip Code		
	ABAZO@RASCOKL	OCK.COM to be used for future annual report notifi	cation)	
For further information co	oncerning this matter, please c	·		
ANDRES E BAZO		at (305) 4767100		
Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	121 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	CI \$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

orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MARCH 4, 2015 Florida document number L15000039742 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: New Registered Office Address: Enter Florida street address

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

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 Type of Action <u>Title</u> **Address** <u>Name</u> JOSE ANTONIO ZOZAYA 2555 PONCE DE LEON BLVD MGR Add 🔳 SUITE 600 _□ Remove CORAL GABLES FL 33134 ____UFAdd _⊡ Add _i Add

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