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(((H17000220116 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARAN, CORREA & GUARCH, P.A.

Account Number : I20170000012 Phone : (305)665-3400 : (305)665-2250 Fax Number

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

r11	Address:			

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### ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

H170002201163

(Name of the Limited Liability Company as it t (A Fiorida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill forida document number 1.15000047143	led on $\frac{3/16/2015}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited Hability cor</u>	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	7.54 <u> </u>
	Fig. 12 (GRaphy)
Enter new mailing address, if applicable:	9
Mailing address MAY BE A POST OFFICE BOX)	F. 1
B. If amending the registered agent and/or registered office ac registered agent and/or the new registered office address here:	ldress on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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

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

H170002201163

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Corporación Latinoamericana de Desarrollo, S. de R.L. de C.V.	1000 Brickell Ave	
		Suite 410	Remove
		Miami, FL 33131	☐ Change
			Add
			Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
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			□ Remove
			□ Change

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	Ulises Muñiz Patido	ire of a member or author  Typed or printed		AH 9: 0:	
Dated A	ugust 17	2017	red representative of a member	2817 AUG 18	
the reco	rd specifies a delayed effec Oth day after the record is	ctive date, but not filed.	an effective time, at 12		r of:
(if an offect Note: If	e date, if other than the date of tive date is listed, the date must be spe the date inserted in this block do n's effective date on the Departm	eific and cannot be prior to es not meet the applical	o date of filing or more than 90 da	(optional) ys after filing.) Pursuant to 605.6 its, this date will not be listed	0207 (3) d as the
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