Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PECACORP INVESTMENTS, LLC

Certificate of Status	1
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DEC 07 2016

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PECACORP 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 L15000097749 and assigned Florida document number 6/4/15.

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 contain 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

_____, Florida _____
City *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.

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If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
AMBR	BALPISA, S.A.	Victor Emilio Estrada 1316 Entre Costanera y el Estero Guayaquil, Ecuador	■ Add ☐ Remove ☐ Change
AMBR	Juan Francisco Perez	Victor Emilio Estrada 1316 Entre Costanera y el Estero Guayaquil, Ecuador	■ Add ☐ Remove ☐ Change
AMBR	Sonia Grace Caicedo	Victor Emilio Estrada 1316 Entre Constanera y el Estero Guayaquil, Ecuador	■ Add ☐ Remove ☐ Change
AMBR	Alvaro Fabian Perez	Victor Emilio Estrada 1316 Entre Constanera y el Estero Guayaquil, Ecuador	■ Add ☐ Remove ☐ Change
AMBR	Juan Francisco Perez, Jr.	Victor Emilio Estrada 1315 Entre Constanera y el Estero Guayaquil, Ecuador	■ Add ☐ Remove ☐ Change
AMBR	Michael Andres Perez	Victor Emilio Estrada 1315 Entre Constanera y el Estero Guayaquil, Ecuador	■ Add ☐ Remove ☐ Change

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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:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Christian Ruben Perez	Victor Emilio Estrada	■ Add
		1316 Entre Costanera y el Estero	☐ Remove
		Guayaquil, Ecuador	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 12/05/2016

Camila D. Mendonca
Signature of a member or authorized representative of a member

CAMILA MENDONCA
Typed or printed name of signee

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