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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TORRES & VADILLO, LLP

Account Number : I20150000038 Phone : (305)485-9700

Fax Number : (305)436-0191

SECRETARY OF SELECTION OF SECRETARY OF SELECTION OF SELEC

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

EMBIL Address: (DY POYNITION O SV/QWUS LOME =

SECARETARY OF L'ARTES L'EAHASSEE, FLORIDE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALPES COMMERCIAL INVESTMENTS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPES COMMERCIAL INVEST	MENTS, LLC					
(Name of the Lim	(A Florida Limited)	ny as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited I Florida document number 116000096086	iability Company	were filed on 05/17/2016	and assigned			
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	llity company here:				
N/A			·			
The new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		1867 NW 97 Avenue				
		Suite 107				
		Doral, Florida 33172				
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1867 NW 97 Avenue	7AL-12			
		Suite 107 Doral, Florida 33172				
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	SSE 30			
New Registered Office Address:	11402 NW 41	Street, Suite 202				
1101 House Street Fluidos.	Enter Florida street address					
	Dora!		, Florida 33178			
		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.

f Changing Repistered 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Victor Rubiano	1867 NW 97 Avenue,	
		Suite 107	□ Remove
		Doral, Florida 33172	■ Change
MGR	Nancy Tatiana Villamil	1867 NW 97 Avenue	□ Add
	Suite 107	□ Remove	
		Doral, Florida 33172	■ Change
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The 90th day after th	ne recora is filed	o. A					
January 30	111	2017//	1				
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	Signature of	a member or author	orized representative	of a member			
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Page 3 of 3

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